MAY, 2005

HEALTHY COMMUNITIES
TOOL
KIT

Washington State Department of
Health
Cardiovascular, Diabetes, Nutrition & Physical Activity Programs

Based on lessons learned from the cities of Moses Lake and Mount Vernon as they create environments that make it easier for residents to be physically active and choose healthy foods

Welcome

- **What is the Healthy Communities Tool Kit?**
  The Mount Vernon and Moses Lake Healthy Communities Projects are examples of how two Washington cites mobilized their communities to address health problems associated with the lack of physical activity and poor nutrition. This *Tool Kit* is a way to share what these communities learned and advice they offer others interested in mobilizing their own community.

- **Who should use the Tool Kit?**
  Any Washington State city, town, or tribe interested in creating a healthier community environment that makes it easier for people to be physically active and choose healthy foods

- **Why the Tool Kit?**
  The tools and resources in the Tool Kit have already been developed and tested in two Washington cities. The Tool Kit captures words of advice from both the community leaders and physical activity and nutrition specialists involved in planning a Healthy Communities project. It is a jump start on planning your local project and helps to assure success and ways to avoid pitfalls.

- **Where is the Tool Kit located?**
  The Healthy Communities Tool Kit is available electronically at
  www.doh.wa.gov/cfh/nutritionPA/healthy_communities.htm
  You also may order one free copy from the Washington State Department of Health warehouse:
  360-586-9046. DOH Publication Number 130-049

- **How do communities get started?**
  Start by bringing a few community leaders together to review the Tool Kit. First, evaluate the interest and capacity in your community to make environmental and policy change. Then talk to other communities about their experience using the tools in the Tool Kit.

Special thanks to the visionary leaders in the cities of Moses Lake and Mount Vernon for sharing their experiences in creating a healthy community:

Moses Lake
- Sally Goodwin, Moses Lake Business Association
- Lee Blackwell, City of Moses Lake

Mount Vernon
- Liz McNett Crowl, Skagit Valley Hospital
- Peter Browning, Skagit County Public Health Department
- Larry Otos, City of Mount Vernon

Additional contributors to the content of the Tool Kit:
- Alex Stone, River, Trails and Conservation Program: National Park Service
- University of Washington Center for Public Health Nutrition
- Nutrition & Physical Activity Program, Washington State Department of Health

Planning Process
- Lessons learned
- City of Mount Vernon
- Criteria for Choosing Community Issues
- Quick guide to writing goals and objectives
- Logic model
- Sample timeline
- Planning team roles and responsibilities
- Community advisory group roles and responsibilities
- Sample agendas: Mount Vernon Healthy Communities planning meetings

Completing an Action Plan
- Lessons learned
- Action plan evaluation form
- Moses Lake Healthy Communities Action Plan
- Mount Vernon Healthy Communities Action Plan

Evaluation: How to Measure Success
- Lessons learned
- Mount Vernon Healthy Communities Project evaluation plan
- Sample advisory group evaluation

Communication/Media
- Mount Vernon Healthy Communities communication plan
- Sample project fact sheets
- Invitational flyer to join advisory committee
- Sample press release

Additional Resources
- Where to find more information
- Map of Moses lake
- Map of Mount Vernon

Tool Kit Evaluation

INTRODUCTION

INTRODUCTION

The Mount Vernon and Moses Lake Healthy Communities Projects are examples of how two Washington cites mobilized their communities to address health problems associated with the lack of physical activity and poor nutrition.

This tool kit is a way to share what these communities learned and advice they offer others interested in mobilizing their community. The tool kit contains the lessons learned in Moses Lake and Mount Vernon as they worked through the planning process, useful tools to gather information from the community, sample evaluation tools, and selected planning resources. The result is an action plan to make policy and environmental changes that will make it easier for community members to be physically active and choose healthy foods.

Stories from these communities are rich with lessons and offer examples of the successes and challenges each community faced as they began to make their vision of a healthy community a reality.

The tool kit describes the planning period, a crucial first step to developing an action plan that reflects each community's needs and interests. Each community's action plan includes priority recommendations described in the *Washington State Nutrition & Physical Activity Plan: Policy & Environmental Approaches*

With funds from the Centers for Disease Control and Prevention administered through Washington State Department of Health, the cities of Moses Lake and Mount Vernon agreed to serve as "pilot" communities. The vision was that if cities with effective, committed leaders were provided technical assistance and a limited amount of funds they could make environmental and policy changes that would increase the number of residents who are physical activity and choose healthy foods. The tool kit covers the planning period (12 months Moses Lake; 6 months for Mount Vernon) that culminated in an action plan specific to each community.

"Moses Lake has a pioneer sense of being self-sufficient. They depend on each other. It's a different level of commitment because people live and work in the same community. This project is something they call their own."
WA State Department of Health project staff

"It worked in Moses Lake because we had the backing from community leaders. The movers and shakers in the city saw the value of this project."
Sally Goodwin, City of Moses Lake

"Choose something early on where you can be successful. The community is watching you. It works if you build on these small successes."
Peter Browning, Skagit County Public Health Department

Washington State Nutrition & Physical Activity Plan

Washington State Department of
Health
Diabetes, Nutrition & Physical Activity Program

Policy & Environmental Approaches

Executive Summary

A Guide to Building Health-Promoting Communities

Purpose

The purpose of this plan is to provide a framework in which policy makers can work together to build and support environments that make it easier for Washington residents to choose healthy foods and be physically active. Creating healthy environments in communities across the state will:

- Slow the increase in the proportion of adults who are obese.

- Reduce rates of chronic disease.

- Improve the quality of life.

Goals

The overarching goals of the *Washington State Nutrition & Physical Activity Plan* are to increase the proportion of Washington State residents:

- Whose lifestyle reflects the Dietary Guidelines for Americans.

- Who get at least 30 minutes of moderate activity on five or more days per week.

Dietary Guidelines for Americans

- Aim for a healthy weight
- Be physically active each day
- Let the Pyramid guide your food choices
- Choose a variety of grains daily, especially whole grains
- Keep food safe to eat
- Choose a diet low in saturated fat and cholesterol and moderate in total fat
- Choose beverages and food to moderate your intake of sugars
- If you drink alcoholic beverages, do so in moderation
- Choose and prepare foods with less salt
- Choose a variety of fruits and vegetables daily

Physical Activity Guidelines

The recommended minimum amount of physical activity for optimal health is at least 30 minutes of moderate activity on five or more days a week.

A Statewide Plan for Creating Healthy, Active Communities

"Obesity and overweight conditions are reaching nearly epidemic levels across the nation and in Washington State. This plan takes a bold step in addressing this crisis and related health conditions."

– Maxine Hayes, MD, MPH, Washington State Health Officer

The underlying theme of the *Washington State Nutrition & Physical Activity Plan* is the need to promote nutrition and physical activity *simultaneously* at several levels – for individuals, for families, within institutions and organizations, in communities, and through public policy.

The Vision

The vision for the *Washington State Nutrition & Physical Activity Plan* is that Washington residents will enjoy good nutrition, have active lives, and live in healthy communities.

The plan emphasizes building a strong foundation at the institutional, community, and policy levels so that it will be easier for individuals to choose healthy lifestyles.

It establishes nutrition and physical activity objectives to meet the overarching goals, and priority recommendations to achieve the objectives. These recommendations will serve as a guide for groups and institutions across the state as they join the effort to build health-promoting communities.

Good nutrition and physical activity are part of the solution to the nearly epidemic public health challenges facing the nation and Washington State. The active support of state and community leaders is critical to creating environments in which individual residents may improve their quality of life by living in healthy, active communities.

Indicators of an Epidemic

- Obesity rates have doubled over the last decade.

- More than half of all Washington State residents are obese or overweight.

- Rates of chronic disease and disabling conditions that are associated with poor diet and lack of exercise continue to escalate year after year.

- Rocketing medical costs for obesity-related diseases are crippling Washington State's ability to provide affordable health care coverage.

- The population over 65-years-old in Washington is increasing faster than in many other states.

Photo: Rita Robison, CTED

Physical Activity Objectives
& Priority Recommendations

www.pedbikeimages.org / Dan Burden

Increase the Number of Physical Activity Opportunities Available to Children

- Adopt school-based curricula and policies that provide quality, daily physical education for all students

- Encourage policies that provide kindergarten through grade 12 students with opportunities for physical activity outside of formal physical education classes

- Provide opportunities to replace sedentary behaviors, such as watching television, with physical activity

Increase the Number of People Who Have Access to Free or Low-Cost Recreational Opportunities for Physical Activity

- Provide adequate funding for state and local recreation sites and facilities

- Develop model policies to increase access to public facilities for physical activity

- Increase the number of worksites that have policies that enhance activity opportunities

www.pedbikeimages.org / Dan Burden

www.pedbikeimages.org / Dan Burden

Increase the Number of Active Community Environments

- Utilize urban planning approaches – zoning and land use – that promote physical activity

- Incorporate transportation policy and infrastructure changes to promote non-motorized transit

- Enhance safety and perceived safety to improve community walkability and bikeability

Nutrition Objectives & Priority Recommendations

Access to Health-Promoting Foods

- Increase the consumption of vegetables and fruits
- Ensure that worksites provide healthful foods and beverages
- Ensure that schools kindergarten through grade 12 provide healthful foods and beverages

Reduce Hunger and Food Insecurity

- Provide adequate support for nutrition and food programs
- Improve access to nutrition programs

Ongoing Collaboration

The activities proposed in the *Nutrition & Physical Activity Plan* will take place within a context that includes working with partners, communication, cultural competence, and surveillance, assessment and evaluation. The plan will be presented to policy makers in communities and agencies across Washington State.

The goals and objectives of the plan will be achieved through ongoing collaboration between agencies, organizations, and communities. The Department of Health and its partners will evaluate progress toward each of the objectives and monitor the dissemination and impact of the plan itself.

Increase the Proportion of Mothers Who Breastfeed Their Infants and Toddlers

- Ensure that health care settings, childcare facilities, and worksite environments are breastfeeding friendly

Nutrition and Physical Activity Advisory Group

The *Nutrition & Physical Activity Plan* is one outcome of a year of strategic planning by the Nutrition & Physical Activity Advisory Group. The 35-person group includes officials from state and local agencies, and representatives from advocacy organizations from across the state. The group brings together expertise from education, transportation, planning, nutrition, physical activity, agriculture, parks and recreation, economic development, and health care.

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National Park Service

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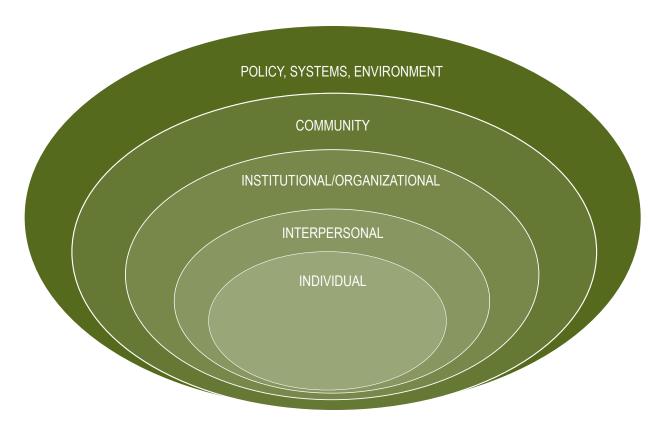
Cover photo –
Tricycle/walker: www.pedbikeimages.org/Dan Burden

CONCEPTUAL FRAMEWORK
The Social-Ecological Model, Inter-Sectorial Approaches and the Role of Public Health

POLICY, SYSTEMS, ENVIRONMENT

COMMUNITY

INSTITUTIONAL/ORGANIZATIONAL

INTERPERSONAL

INDIVIDUAL

We live our lives within several broad spheres of influence. Each in turn affects the other. Health promotion approaches that are based on the social-ecological model focus on the behavior choices of each individual as well as situations within each sphere that can influence health behaviors (1). The following factors influence behaviors at each level:

Individual: awareness, knowledge, attitudes, beliefs, values, performances

Interpersonal: family, friends, peers, that provide social identify and support

Institutional/organizational: rules, policies, procedures, environment, informal structures

Community: social networks, norms standards and practices

Public Policy: local, state, and federal government policies, regulations, and laws

I. Community Assessment

COMMUNITY CAPACITY

☑ *Lessons learned*

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

COMMUNITY ASSESSMENT: COMMMUNITY CAPACITY

- To be successful you need the backing of community leaders; the people who are influential and are the movers and shakers.

- There needs to be some kind of shared vision; in other words a vision of a community where people are healthier and feel proud of what their community has to offer (such as a safe and beautiful trail or a walkable, vibrant downtown area).

- Identify a group of citizens invested in improving their community; people who are willing to commit their time and energy.

- "It's a bit of magic to find the right project, the right people, and the right timing"

- This work can only be started and continued if there is almost a religious fervor among community advocates. Will power alone does not lead to success. Advocates need to realize that there will be disappointments along with successes.

Community Building:
What Makes It Work

A Review of Factors Influencing Successful Community Building

By   Paul Mattessich, Ph.D.
        Barbara Monsey, M.P.H.
        With assistance from Corinna Roy, M.A.

        Wilder Research Center

This chapter provides an overview of the twenty-eight factors we identified that influence the success of community building. Based on our analysis of the research, the more these factors are present in a community, the more likely the success of a community building effort.

We have divided these factors into three categories:

1. *Characteristics of the Community.* These are the social, psychological, and geographical attributes of a community and its residents that contribute to the success of a community building effort.

2. *Characteristics of the Community Building Process.* These are factors that make up the process by which people attempt to build community, such as representation, communications, and technical assistance.

3. *Characteristics of Community Building Organizers.* These factors are the qualities of those people who organize and lead a community building effort, such as commitment, trust, understanding, and experience.

A brief description of each of the twenty-eight factors follows. In-depth descriptions of the factors, along with examples and practical applications of the factors, appear in Chapter Three.

1. Characteristics of the Community

1A.   Community Awareness of an Issue
Successful efforts more likely occur in communities where residents recognize the need for some type of initiative. A community building effort must address an issue that is important enough to warrant attention, and which affects enough residents of a community to spark self-interest in participation.

1B.   Motivation from within the Community
Successful efforts more likely occur in communities with smaller geographic areas where planning and implementing activities are more manageable.

1C.   Small Geographic Area
Successful efforts are more likely to occur in communities with smaller geographic areas where planning and implementing activities are more manageable.

1D.   Flexibility and Adaptability
Successful efforts are more likely to occur in communities where organized groups and individuals exhibit flexibility and adaptability in problem solving and task accomplishments.

1E.   Pre-Existing Social Cohesion
Other things being equal, the higher the existing level of social cohesion (that is the strength of interrelationships among community residents), the more likely a community building effort will be successful.

1F.   Ability to Discuss, Reach Consensus, and Cooperate
Successful efforts tend to occur more easily in communities that have a spirit of cooperation and the ability to discuss openly their problems and needs.

1G.   Existing Identifiable Leadership
Successful community building efforts are more likely when there are at least some residents who most community members will follow and listen to, who can motivate and act as spokespersons, and who can assume leadership roles in a community building initiative.

1H.   Prior Success with Community Building
Communities with prior positive experience with community building efforts are more likely to succeed with new efforts.

2. Characteristic of the Community Building Process

2A. Widespread Participation
Successful efforts occur more often in communities that promote widespread participation.

2B. Good System of Communication
Successful community building efforts tend to have well-developed systems of communication.

2C. Minimal Competition in Pursuit of Goals
Successful efforts tend to occur in communities where existing community organizations do not perceive other organizations or the leaders of a community building initiative as competitors.

2D. Develop Self-Understanding
Successful efforts are more likely to occur when the process includes developing a group identity, clarifying priorities, and agreeing on how to achieve goals.

2E. Benefits to Many Residents
Successful efforts are more likely if community goals, tasks, and activities have clear, visible benefits to many people in the community.

2F. Focus on Product and Process Concurrently
Community building initiatives are more likely to succeed when efforts to build relationships (the process focus) include tangible events and accomplishments (the product focus).

2G. Linkage to Organizations Outside the Community
Successful efforts are more likely to occur when members have ties to organizations outside the community.

2H. Progression from Simple to Complex Activities
Successful community building efforts are more likely when the process moves community members from simple to progressively more complex activities.

2I. **Systematic Gathering of Information and Analysis of Community Issues**
Successful community building efforts more likely occur when the process includes taking careful steps to measure and analyze the needs and problems of the community.

2J. **Training to Gain Community Building Skills**
Successful community building efforts more likely occur when participants receive training to increase their community building skills.

2K. **Early Involvement and Support from Existing, Indigenous Organizations**
Successful community building efforts tend to occur most often in situations where community organizations of long tenure and solid reputations become involved early.

2L. **Use of Technical Assistance**
Successful efforts more likely occur when community residents use technical assistance (experts providing consultation or hands-on training in their area of knowledge) to help residents gain competence in a particular area.

2M. **Continual Emergence of Leaders, as Needed**
Successful community building efforts more likely occur when the process includes the means to produce new leaders over time.

2N. **Community Control Over Decision Making**
Successful community building efforts more likely occur when residents have control over decisions, particularly over how funds are used.

2O. **The Right Mix of Resources**
Successful community building efforts occur when the process is not overwhelmed by too many resources or stifled by too few, and when there is a balance between internal and external resources.

3. Characteristics of Community Building Organizers

3A. Understanding the Community
Successful community building efforts tend to have organizers who have a thorough understanding of the culture, social structure, demographics, political structure, and issues in the community.

3B. Sincerity of Commitment
Successful community building efforts more likely occur when organized by individuals who convey a sincere commitment for the community's well-being.

3C. A Relationship of Trust
Successful efforts are more likely to occur when the organizers develop trusting relationships with community residents.

3D. Level of Organized Experience
Successful community building efforts more likely occur when the organizers are experienced in the many facets of working with communities.

3E. Able to be Flexible and Adaptable
Successful community building efforts are more likely when the organizers are flexible and able to adapt to constantly changing situations and environments.

II. Community Assessment

AGENCY CAPACITY

TOOL KIT

HEALTHY COMMUNITIES
Nutrition & Physical Activity

✓ Lessons learned

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

COMMUNITY ASSESSMENT: AGENCY CAPACITY

- It helps if a lead agency such as the city or local health department has some experience organizing communities to take action around a local issue.

- The lead agency should have experience doing community-based prevention work.

- Identify the decision makers who buy into the project and who are willing to commit staff time and expertise.

- The lead agency needs to commit adequate staff time to coordinate the project. Only a few hours a week of staff time dedicated to the project won't work.

Prevention Grant Agency Assessment Tool

In 2001 the Washington State Department of Health, Office of Health Promotion developed an assessment tool for local health departments and tribes receiving prevention grants. The purpose of the assessment tool is to help agencies assess whether they have the agency capacity and commitment to conduct population-based prevention activities including promoting physical activity and good nutrition. The assessment tool is divided into three stages. Stage one describes the basic capacity needed in the planning and early implementation state of a project. Stages two and three describe the agency infrastructure, skills, and community involvement necessary to sustain prevention work in a community over an extended period of time.

Directions:
Check all boxes that apply

Prevention Grant Assessment Tool (6/01)

All activities must be achieved in Stage 1 to receive funds in year 3   Activities to achieve in year 3   Activities to achieve in years 3-5

	Stage 1	Stage 2	Stage 3
Agency Structure	__ .5FTE or less assigned to project __ Project supported only by prevention grant __ Skills and knowledge needed by project coordinator to carry out population-based interventions are identified	__ .5FTE or more assigned __ Agency provides additional support (staff, resources) __ Project coordinator demonstrates necessary skills and knowledge to implement population-based interventions	__ Selected risk factor will continue to be addressed by the community after 5 year grant cycle __ Agency contributes resources and funds to project
Program planning: Vision Goals/objectives	__ Literature reviewed and documented __ Needs assessment completed __ Objectives modified as needed to show clear relationship to goals for risk reduction __ Objectives developed for grant year 1 and 2 __ A vision for 5-year outcome is being developed __ Target audience identified __ Intervention selected and ready for implementation	__ Goals/objectives for grant years 3 -5 are developed __ Implementation of interventions underway	__ Project objectives and activities are reviewed quarterly or annually and are adapted as needed
Interventions/activities	__ Science based/evaluated strategies identified __ At least 1 science-based or evaluated intervention selected	__ Multiple science based/evaluated interventions are selected and have begun to be implemented in years 3 –5	__ Multiple science-based/evaluated interventions are underway __ Ready to share experiences with other health departments/tribes
Community Development	__ Community resources/interest assessed __ Community partners identified	__ Community partners are involved in collaborative activities (planning, evaluating and implementing project interventions)	__ Agency and community partners provide strong leadership to achieve project
Evaluation Component	__ Evaluation measures identified __ Evaluation tools developed __ Evaluation is based on process measures: such as • Number of services provided • Materials purchased • Community sessions conducted - People contacted	__ Process and outcome measures are underway such as: • Changes in awareness and/or behavior • Evidence of policy changes in agency or community	__ Evaluation is used to improve program effectiveness

III. Community Assessment

PHYSICAL ENVIRONMENT

(ASSESSING WHAT'S OUT THERE)

☑ *Lessons learned*

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

COMMUNITY ASSESSMENT: PHYSICAL ENVIRONMENT

- A community audit provides baseline information before making assumptions that could be wrong.

- Assessing what the physical environment looks like provides a starting point; a way to measure the work, track changes, and measure success.

- Doing a community audit is an excellent way to pull people together early on in the project. It's a fun, active way to engage more people in the process.

- People learn a lot from being part of a nutrition or walkability audit.

- The expertise of the University of Washington was essential to successfully completing the audit. They provided technical assistance, training, and guidance.

July 23, 2002

To Whom It May Concern:

This is a letter written on behalf of the Community Inventory Subcommittee of the *Healthy Communities – Moses Lake Project*. Subcommittee members will be conducting a community inventory or environmental audit to collect information about factors that influence nutrition and physical activity choices in Moses Lake through the end of August. This information will be used to assess the strengths and needs of Moses Lake and will assist the Advisory Committee in choosing a project consistent with needs of the community.

The types of locations subcommittee members will need go to gather this information include:

- Grocery stores and markets
- Schools
- Fast food restaurants
- Bike trails

- Neighborhoods
- Family/sit-down restaurants
- Convenience stores
- Parks

Please assist community members in obtaining the information they need to complete this task. For more information about this project, you may contact Sally Goodwin, community coordinator for the *Healthy Communities - Moses Lake Project at* 764-1745.

Sincerely,

Lee Blackwell, Mayor   Sally Goodwin, Community Coordinator

Bikeability Checklist

How bikeable is your community?

Riding a bike is fun!

Bicycling is a great way to get around and to get your daily dose of physical activity. It's good for the environment, and it can save you money. No wonder many communities are encouraging people to ride their bikes more often!

Can you get to where you want to go by bike?

Some communities are more bikeable than others: how does yours rate? Read over the questions in this checklist and then take a ride in your community, perhaps to the local shops, to visit a friend, or even to work. See if you can get where you want to go by bicycle, even if you are just riding around the neighborhood to get some exercise.

At the end of your ride, answer each question and, based on your opinion, circle an overall rating for each question. You can also note any problems you encountered by checking the appropriate box(es). Be sure to make a careful note of any specific locations that need improvement.

Add up the numbers to see how you rated your ride. Then, turn to the pages that show you how to begin to improve those areas where you gave your community a low score.

Before you ride, make sure your bike is in good working order, put on a helmet, and be sure you can manage the ride or route you've chosen. Enjoy the ride!

National Highway Traffic Safety Administration

Pedestrian and Bicycle Information Center

U.S. Department of Transportation

Go for a ride and use this checklist to rate your neighborhood's bikeability.

How bikeable is your community?

Location of bike ride (be specific):

_____

Rating Scale:

1	2	3	4	5	6
awful	many problems	some problems	good	very good	excellent

1. Did you have a place to bicycle safely?

a) On the road, sharing the road with motor vehicles?

☐ Yes   ☐ Some problems (please note locations):
- ☐ No space for bicyclists to ride
- ☐ Bicycle lane or paved shoulder disappeared
- ☐ Heavy and/or fast-moving traffic
- ☐ Too many trucks or buses
- ☐ No space for bicyclists on bridges or in tunnels
- ☐ Poorly lighted roadways

Other problems: _____

_____

b) On an off-road path or trail, where motor vehicles were not allowed?

☐ Yes   ☐ Some problems:
- ☐ Path ended abruptly
- ☐ Path didn't go where I wanted to go
- ☐ Path intersected with roads that were difficult to cross
- ☐ Path was crowded
- ☐ Path was unsafe because of sharp turns or dangerous downhills
- ☐ Path was uncomfortable because of too many hills
- ☐ Path was poorly lighted

Other problems: _____

_____

Overall "Safe Place To Ride" Rating: (circle one)

1   2   3   4   5   6

2. How was the surface that you rode on?

☐ Good   ☐ Some problems, the road or path had:
- ☐ Potholes
- ☐ Cracked or broken pavement
- ☐ Debris (e.g. broken glass, sand, gravel, etc.)
- ☐ Dangerous drain grates, utility covers, or metal plates
- ☐ Uneven surface or gaps
- ☐ Slippery surfaces when wet (e.g. bridge decks, construction plates, road markings)
- ☐ Bumpy or angled railroad tracks
- ☐ Rumble strips

Other problems: _____

_____

Overall Surface Rating: (circle one)

1   2   3   4   5   6

3. How were the intersections you rode through?

☐ Good   ☐ Some problems:
- ☐ Had to wait too long to cross intersection
- ☐ Couldn't see crossing traffic
- ☐ Signal didn't give me enough time to cross the road
- ☐ Signal didn't change for a bicycle
- ☐ Unsure where or how to ride through intersection

Other problems: _____

_____

Overall Intersection Rating: (circle one)

1   2   3   4   5   6

4. Did drivers behave well?

☐ Yes   ☐ Some problems, drivers:
    ☐ Drove too fast
    ☐ Passed me too close
    ☐ Did not signal
    ☐ Harassed me
    ☐ Cut me off
    ☐ Ran red lights or stop sign
    Other problems: _____
    _____

Overall Driver Rating: (circle one)

     1   2   3   4   5   6

5. Was it easy for you to use your bike?

☐ Yes   ☐ Some problems:
    ☐ No maps, signs, or road markings to help me find my way
    ☐ No safe or secure place to leave my bicycle at my destination
    ☐ No way to take my bicycle with me on the bus or train
    ☐ Scary dogs
    ☐ Hard to find a direct route I liked
    ☐ Route was too hilly
    Other problems: _____
    _____

Overall Ease of Use Rating: (circle one)

     1   2   3   4   5   6

6. What did you do to make your ride safer?

Your behavior contributes to the bikeability of your community. Check all that apply:
    ☐ Wore a bicycle helmet
    ☐ Obeyed traffic signal and signs
    ☐ Rode in a straight line (didn't weave)
    ☐ Signaled my turns
    ☐ Rode with (not against) traffic
    ☐ Used lights, if riding at night
    ☐ Wore reflective and/or retroreflective materials and bright clothing
    ☐ Was courteous to other travelers (motorist, skaters, pedestrians, etc.)

7. Tell us a little about yourself.

In good weather months, about how many days a month do you ride your bike?
    ☐ Never
    ☐ Occasionally (one or two)
    ☐ Frequently (5–10)
    ☐ Most (more than 15)
    ☐ Every day

Which of these phrases best describes you?
    ☐ An advanced, confident rider who is comfortable riding in most traffic situations
    ☐ An intermediate rider who is not really comfortable riding in most traffic situations
    ☐ A beginner rider who prefers to stick to the bike path or trail

How does your community rate? Add up your ratings and decide.

(Questions 6 and 7 do not contribute to your community's score)

1. _____	26–30	Celebrate! You live in a bicycle-friendly community.
2. _____	21–25	Your community is pretty good, but there's always room for improvement.
3. _____	16–20	Conditions for riding are okay, but not ideal. Plenty of opportunity for improvements.
4. _____	11–15	Conditions are poor and you deserve better than this! Call the mayor and the newspaper right away.
5. _____		
Total _____	5–10	Oh dear. Consider wearing body armor and Christmas tree lights before venturing out again.

Did you find something that needs to be changed?

On the next page, you'll find suggestions for improving the bikeability of your community based on the problems you identified. Take a look at both the short- and long-term solutions and commit to seeing at least one of each through to the end. If you don't, then who will?

During your bike ride, how did you feel physically? Could you go as far or as fast as you wanted to? Were you short of breath, tired, or were your muscles sore? The next page also has some suggestions to improve the enjoyment of your ride.

Bicycling, whether for transportation or recreation, is a great way to get 30 minutes of physical activity into your day. Riding, just like any other activity, should be something you enjoy doing. The more you enjoy it, the more likely you'll stick with it. Choose routes that match your skill level and physical activities. If a route is too long or hilly, find a new one. Start slowly and work up to your potential.

**Now that you know the problems,
you can find the answers.**

Improving your community's score...

	What you can do immediately	**What you and your community can do with more time**

1. Did you have a place to bicycle safely?

a) On the road?

No space for bicyclists to ride (e.g. no bike lane or shoulder; narrow lanes)
Bicycle lane or paved shoulder disappeared
Heavy and/or fast-moving traffic
Too many trucks or buses
No space for bicyclists on bridges or in tunnels
Poorly lighted roadways

- pick another route for now
- tell local transportation engineers or public works department about specific problems; provide a copy of your checklist
- find a class to boost your confidence about riding in traffic

- participate in local planning meetings
- encourage your community to adopt a plan to improve conditions, including a network of bike lanes on major roads
- ask your public works department to consider "Share the Road" signs at specific locations
- ask your state department of transportation to include paved shoulders on all their rural highways
- establish or join a local bicycle advocacy group

b) On an off-road path or trail?

Path ended abruptly
Path didn't go where I wanted to go
Path intersected with roads that were difficult to cross
Path was crowded
Path was unsafe because of sharp turns or dangerous downhills
Path was uncomfortable because of too many hills
Path was poorly lighted

- slow down and take care when using the path
- find an on-street route
- use the path at less crowded times
- tell the trail manager or agency about specific problems

- ask the trail manager or agency to improve directional and warning signs
- petition your local transportation agency to improve path/roadway crossings
- ask for more trails in your community
- establish or join a "Friends of the Trail" advocacy group

2. How was the surface you rode on?

Potholes
Cracked or broken pavement
Debris (e.g. broken glass, sand, gravel, etc.)
Dangerous drain grates, utility covers, or metal plates
Uneven surface or gaps
Slippery surfaces when wet (e.g. bridge decks, construction plates, road markings)
Bumpy or angled railroad tracks
Rumble strips

- report problems immediately to public works department or appropriate agency
- keep your eye on the road/path
- pick another route until the problem is fixed (and check to see that the problems are fixed)
- organize a community effort to clean up the path

- work with your public works and parks department to develop a pothole or hazard report card or online link to warn the agency of potential hazards
- ask your public works department to gradually replace all dangerous drainage grates with more bicycle-friendly designs, and improve railroad crossings so cyclists can cross them at 90 degrees
- petition your state DOT to adopt a bicycle-friendly rumble-strip policy

3. How were the intersections you rode through?

Had to wait too long to cross intersection
Couldn't see crossing traffic
Signal didn't give me enough time to cross the road
The signal didn't change for a bicycle
Unsure where or how to ride through intersection

- pick another route for now
- tell local transportation engineers or public works department about specific problems
- take a class to improve your riding confidence and skills

- ask the public works department to look at the timing of the specific traffic signals
- ask the public works department to install loop-detectors that detect bicyclists
- suggest improvements to sightlines that include cutting back vegetation; building out the path crossing; and moving parked cars that obstruct your view
- organize community-wide, on-bike training on how to safely ride through intersections

4

Improving your community's score...

	What you can do immediately	What you and your community can do with more time
4. Did drivers behave well?		
Drivers: Drove too fast Passed me too close Did not signal Harassed me Cut me off Ran red lights or stop signs	• report unsafe drivers to the police • set an example by riding responsibly; obey traffic laws; don't antagonize drivers • always expect the unexpected • work with your community to raise awareness to share the road	• ask the police department to enforce speed limits and safe driving • encourage your department of motor vehicles to include "Share the Road" messages in driver tests and correspondence with drivers • ask city planners and traffic engineers for traffic calming ideas • encourage your community to use cameras to catch speeders and red light runners
5. Was it easy for you to use your bike?		
No maps, signs, or road markings to help me find my way No safe or secure place to leave my bicycle at my destination No way to take my bicycle with me on the bus or train Scary dogs Hard to find a direct route I liked Route was too hilly	• plan your route ahead of time • find somewhere close by to lock your bike; never leave it unlocked • report scary dogs to the animal control department • learn to use all of your gears!	• ask your community to publish a local bike map • ask your public works department to install bike parking racks at key destinations; work with them to identify locations • petition your transit agency to install bike racks on all their buses • plan your local route network to minimize the impact of steep hills • establish or join a bicycle user group (BUG) at your workplace
6. What did you do to make your ride safer?		
Wore a bicycle helmet Obeyed traffic signals and signs Rode in a straight line (didn't weave) Signaled my turns Rode with (not against) traffic Used lights, if riding at night Wore reflective materials and bright clothing Was courteous to other travelers (motorists, skaters, pedestrians, etc.)	• go to your local bike shop and buy a helmet; get lights and reflectors if you are expecting to ride at night • always follow the rules of the road and set a good example • take a class to improve your riding skills and knowledge	• ask the police to enforce bicycle laws • encourage your school or youth agencies to teach bicycle safety (on-bike) • start or join a local bicycle club • become a bicycle safety instructor

Great Resources

STREET DESIGN AND BICYCLE FACILITIES

American Association of State Highway and Transportation Officials
444 North Capitol Street, NW, Suite 249
Washington, DC 20001
Tel: (202) 624-5800
www.aashto.org

Institute of Transportation Engineers
1099 14th Street, NW, Suite 300 West
Washington, DC 20005-3438
Tel: (202) 289-0222
www.ite.org

Association of Pedestrian and Bicycle Professionals (APBP)
P.O. Box 23576
Washington, DC 20026
Tel: (202) 366-4071
www.apbp.org

Pedestrian and Bicycle Information Center (PBIC)
UNC Highway Safety Research Center
730 Airport Road, Suite 300
Campus Box 3430
Chapel Hill, NC 27599-3430
Tel: (919) 962-2202
www.pedbikeinfo.org
www.bicyclinginfo.org

Federal Highway Adminisrtation
400 Seventh Street, SW
Washington, DC 20590
www.fhwa.dot.gov/environment/bikeped/index.htm

EDUCATION AND SAFETY

National Highway Traffic Safety Administration
400 Seventh Street, SW
Washington, D.C. 20590
Tel: (202) 366-1739
www.nhtsa.dot.gov/people/injury/pedbimot/bike/

League of American Bicyclists
1612 K Street NW, Suite 401
Washington, DC 20006
Tel: (202) 822-1333
www.bikeleague.org

National Bicycle Safety Network
www.cdc.gov/ncipc/bike/default.htm

National Safe Kids Campaign
1301 Pennsylvania Ave NW, Suite 1000
Washington, DC 20004
Tel: (202) 662-0600
www.safekids.org

PATHS AND TRAILS

Rails to Trails Conservancy
1100 17th Street SW, 10th Floor
Washington, DC 20036
Tel: (202) 331-9696
www.railtrails.org

National Park Service
Rivers, Trails and Conservation Assistance Program
1849 C Street, NW, MS-3622
Washington, DC 20240
www.ncrc.nps.gov/rtca/rtca-ofh.htm

HEALTH

Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
4770 Buford Highway, NE
Atlanta, GA 30341-3724
www.cdc.gov/nccdphp/dnpa
Tel: (770) 488-5692

National Center for Injury Prevention and Control
Childhood Injury Prevention
4770 Buford Highway, NE
Atlanta, GA 30341
www.cdc.gov/ncipc

ADVOCACY AND USER GROUPS

Thunderhead Alliance
1612 K Street, NW, Suite 401
Washington, DC 20006
Tel: (202) 822-1333
www.thunderheadalliance.org

League of American Bicyclists
1612 K Street, NW, Suite 401
Washington, DC 20006
Tel: (202) 822-1333
www.bikeleague.org

National Center for Bicycling and Walking
1506 21st Street, NW, Suite 200
Washington, DC 20036
Tel: (202) 463-6622
www.bikewalk.org

Surface Transportation Policy Project
1100 17th Street, NW, 10th Floor
Washington, DC 20036
Tel: (202) 466-2636
www.transact.org

OTHER USEFUL RESOURCES

Bikes and transit: www.bikemap.com

Bicycle information: www.bicyclinginfo.org

Bicycle-related research:
www.tfhrc.gov/safety/pedbike/pedbike.htm

Bicycling Magazine: www.bicycling.com/

Bicycle touring:
Adventure Cycling Association
P.O. Box 8308
Missoula, MT 59807
(800) 755-2453
(406) 721-8754
www.adv-cycling.org

Walkability Checklist

How walkable is your community?

Take a walk with a child and decide for yourselves.

Everyone benefits from walking. But walking needs to be safe and easy. Take a walk with your child and use this checklist to decide if your neighborhood is a friendly place to walk. Take heart if you find problems, there are ways you can make things better.

Getting started:

First, you'll need to pick a place to walk, like the route to school, a friend's house or just somewhere fun to go.

The second step involves the checklist. Read over the checklist before you go, and as you walk, note the locations of things you would like to change. At the end of your walk, give each question a rating. Then add up the numbers to see how you rated your walk overall.

After you've rated your walk and identified any problem areas, the next step is to figure out what you can do to improve your community's score. You'll find both immediate answers and long–term solutions under "Improving Your Community's Score..." on the third page.

Partnership for a
Walkable America

Pedestrian and Bicycle Information Center

U.S. Department
of Transportation

How walkable is your community?

Location of walk _____

_____

Rating Scale:

1	2	3	4	5	6
awful	many problems	some problems	good	very good	excellent

1. Did you have room to walk?

☐ Yes   ☐ Some problems:
- ☐ Sidewalks or paths started and stopped
- ☐ Sidewalks were broken or cracked
- ☐ Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.
- ☐ No sidewalks, paths, or shoulders
- ☐ Too much traffic
- ☐ Something else _____

Locations of problems: _____

Rating: (circle one)   _____

1 2 3 4 5 6   _____

2. Was it easy to cross streets?

☐ Yes   ☐ Some problems:
- ☐ Road was too wide
- ☐ Traffic signals made us wait too long or did not give us enough time to cross
- ☐ Needed striped crosswalks or traffic signals
- ☐ Parked cars blocked our view of traffic
- ☐ Trees or plants blocked our view of traffic
- ☐ Needed curb ramps or ramps needed repair
- ☐ Something else _____

Locations of problems: _____

Rating: (circle one)   _____

1 2 3 4 5 6   _____

3. Did drivers behave well?

☐ Yes   ☐ Some problems: Drivers...
- ☐ Backed out of driveways without looking
- ☐ Did not yield to people crossing the street
- ☐ Turned into people crossing the street
- ☐ Drove too fast
- ☐ Sped up to make it through traffic lights or drove through traffic lights?
- ☐ Something else _____

Locations of problems: _____

Rating: (circle one)   _____

1 2 3 4 5 6   _____

4. Was it easy to follow safety rules? Could you and your child...

- ☐ Yes   ☐ No   Cross at crosswalks or where you could see and be seen by drivers?
- ☐ Yes   ☐ No   Stop and look left, right and then left again before crossing streets?
- ☐ Yes   ☐ No   Walk on sidewalks or shoulders facing traffic where there were no sidewalks?
- ☐ Yes   ☐ No   Cross with the light?

Locations of problems: _____

Rating: (circle one)   _____

1 2 3 4 5 6   _____

5. Was your walk pleasant?

☐ Yes   ☐ Some unpleasant things:
- ☐ Needed more grass, flowers, or trees
- ☐ Scary dogs
- ☐ Scary people
- ☐ Not well lighted
- ☐ Dirty, lots of litter or trash
- ☐ Something else _____

Locations of problems: _____

Rating: (circle one)   _____

1 2 3 4 5 6   _____

How does your neighborhood stack up? Add up your ratings and decide.

1. _____
2. _____
3. _____
4. _____
5. _____

Total _____

26–30 Celebrate! You have a great neighborhood for walking.

21–25 Celebrate a little. Your neighborhood is pretty good.

16–20 Okay, but it needs work.

11–15 It needs lots of work. You deserve better than that.

5–10 Call out the National Guard before you walk. It's a disaster area.

Improving your community's score...

	What you and your child can do immediately	**What you and your community can do with more time**

1. Did you have room to walk?

Sidewalks or paths started and stopped
Sidewalks broken or cracked
Sidewalks blocked
No sidewalks, paths or shoulders
Too much traffic

- pick another route for now
- tell local traffic engineering or public works department about specific problems and provide a copy of the checklist

- speak up at board meetings
- write or petition city for walkways and gather neighborhood signatures
- make media aware of problem
- work with a local transportation engineer to develop a plan for a safe walking route

2. Was it easy to cross streets?

Road too wide
Traffic signals made us wait too long or did not give us enough time to cross
Crosswalks/traffic signals needed
View of traffic blocked by parked cars, trees, or plants
Needed curb ramps or ramps needed repair

- pick another route for now
- share problems and checklist with local traffic engineering or public works department
- trim your trees or bushes that block the street and ask your neighbors to do the same
- leave nice notes on problem cars asking owners not to park there

- push for crosswalks/signals/parking changes/curb ramps at city meetings
- report to traffic engineer where parked cars are safety hazards
- report illegally parked cars to the police
- request that the public works department trim trees or plants
- make media aware of problem

3. Did drivers behave well?

Backed without looking
Did not yield
Turned into walkers
Drove too fast
Sped up to make traffic lights or drove through red lights

- pick another route for now
- set an example: slow down and be considerate of others
- encourage your neighbors to do the same
- report unsafe driving to the police

- petition for more enforcement
- request protected turns
- ask city planners and traffic engineers for traffic calming ideas
- ask schools about getting crossing guards at key locations
- organize a neighborhood speed watch program

4. Could you follow safety rules?

Cross at crosswalks or where you could see and be seen
Stop and look left, right, left before crossing
Walk on sidewalks or shoulders facing traffic
Cross with the light

- educate yourself and your child about safe walking
- organize parents in your neighborhood to walk children to school

- encourage schools to teach walking safely
- help schools start safe walking programs
- encourage corporate support for flex schedules so parents can walk children to school

5. Was your walk pleasant?

Needs grass, flowers, trees
Scary dogs
Scary people
Not well lit
Dirty, litter

- point out areas to avoid to your child; agree on safe routes
- ask neighbors to keep dogs leashed or fenced
- report scary dogs to the animal control department
- report scary people to the police
- report lighting needs to the police or appropriate public works department
- take a walk wih a trash bag
- plant trees, flowers in your yard

- request increased police enforcement
- start a crime watch program in your neighborhood
- organize a community clean-up day
- sponsor a neighborhood beautification or tree-planting day
- begin an adopt-a-street program

A Quick Health Check

Could not go as far or as fast as we wanted
Were tired, short of breath or had sore feet or muscles

- start with short walks and work up to 30 minutes of walking most days
- invite a friend or child along

- get media to do a story about the health benefits of walking
- call parks and recreation department about community walks
- encourage corporate support for employee walking programs

Need some guidance?
These resources might help...
Great Resources

WALKING INFORMATION
Pedestrian and Bicycle Information Center (PBIC)
UNC Highway Safety Research Center
730 Airport Road , Suite 300
Campus Box 3430
Chapel Hill, NC
27599-3430
Phone: (919) 962-2202
www.pedbikeinfo.org
www.walkinginfo.org

National Center for
Bicycling and
Walking
Campaign to Make
America Walkable
1506 21st Street, NW
Suite 200
Washington, DC 20036
Phone: (800) 760-NBPC
www.bikefed.org

WALK TO SCHOOL DAY WEB SITES
USA event: www.walktoschool-usa.org
International: www.iwalktoschool.org

STREET DESIGN AND TRAFFIC CALMING
Federal Highway Administration
Pedestrian and Bicycle Safety Research Program
HSR - 20
6300 Georgetown Pike
McLean, VA 22101
www.fhwa.dot.gov/environment/bikeped/index.htm

Institute of Transportation Engineers
www.ite.org

Surface Transportation Policy Project
www.transact.org

Transportation for Livable Communities
www.tlcnetwork.org

ACCESSIBLE SIDEWALKS
US Access Board
1331 F Street, NW
Suite 1000
Washington, DC 20004-1111
Phone: (800) 872-2253;
(800) 993-2822 (TTY)
www.access-board.gov

PEDESTRIAN SAFETY
National Highway Traffic Safety Administration
Traffic Safety Programs
400 Seventh Street, SW
Washington, DC 20590
Phone: (202) 662-0600
www.nhtsa.dot.gov/people/injury/pedbimot/ped

National SAFE KIDS Campaign
1301 Pennsylvania Ave. NW
Suite 1000
Washington, DC 20004
Phone: (202) 662-0600
Fax: (202) 393-2072
www.safekids.org

WALKING AND HEALTH
Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
Phone: (888) 232-4674
www.cdc.gov/nccdphp/dnpa/readyset
www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm

Prevention Magazine
33 East Minor Street
Emmaus, PA 18098
www.itsallaboutprevention.com

Shape Up America!
6707 Democracy
Boulevard
Suite 306
Bethesda, MD
20817
www.shapeup.org

**WALKING
COALITIONS**
America Walks
P.O. Box 29103
Portland, Oregon
97210
Phone: (503) 222-1077
www.americawalks.org

Partnership for a Walkable America
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201
Phone: (603) 285-1121
www.nsc.org/walkable.htm

Healthy Communities – Moses Lake
Community Inventory Protocol

Contact:
Caroline Tittel
University of Washington
Health Promotion Research Center
Tel: 206.616.1569
FAX: 206.685.1696
Email: cmtittel@u.washington.edu

Healthy Communities – Moses Lake
Community Inventory Protocol

Contents

I. Background Information

The community inventory/audit is part of the assessment process for the Healthy Communities - Moses Lake Project. Assessment is the process of gathering information to better understand the strengths and needs of ML with regard to factors that influence nutrition and physical activity choices (policies and environment). The community inventory tool is separated into 1) information that is not limited to a given section of ML, and 2) information that can be limited to a given section of ML. Volunteers for the community inventory will help collect information noted in item 2 above. The Healthy Communities – Moses Lake Advisory Committee will consider information collected from this audit, in addition to other information collected during the assessment, to decide areas of need and which pilot project(s) are best suited for the community.

Information on the following factors that influence nutrition and physical activity choices will be collected:

- Community walkability
- Community bikeability
- Location of grocery stores, eating establishments, convenience stores
- Healthful options at grocery stores, eating establishments, convenience stores
- Parking and bicycle facilities at schools, parks, grocery stores, eating establishments, convenience stores
- Location of GTA bus stops

II. Introduction to the Inventory Process

- A map of the section of the community you will audit will be provided with sufficient detail to each section leader / coordinator.

- A minimum of 2 volunteers per section will be needed. If possible, working in teams of 2 or 3 is recommended.

- The section coordinator will coordinate the audit process to ensure that the work is completed by the **Friday, August 16** deadline.

- This audit can take place in the context of assessing the walkability / bikeability of a given section of the community. If information on certain destinations within the section of the community are not collected at the time the walkability and bikeability checklists are used, this information can be collected at a later time.

- Before leaving home . . .

    o Ensure that you're familiar with the tool you'll be using. This will assist in efficient completion of the forms.
    o Ensure that you have:
        - Your detailed section map
        - Audit forms
        - Folder, clipboard, or something else to write on
        - Letter from the mayor for inquiring minds
        - Water bottle
        - Comfortable shoes
        - Sun protection for outdoor work (hat, sun screen, sunglasses

III. Walkability and Bikeability

Decide where you'd like to walk. Walking to destinations like a route to school, a park, the grocery store, church, a neighbor's house, or the bus stop can be good destinations to walk to. Using the walkability and bikeability checklists provided, rate your walk for sidewalks, street crossings, traffic and driver behavior, safety, appeal, and overall walkability / bikeability of the route. **Make note of your starting point and your destination end point.** Each section of the community should have information on walkability AND bikeability on at least 2 distinct destinations; the information collected will provide 2 walkability scores and 2 bikeability scores for each section. *The routes to these destinations should overlap minimally*.

Tools needed:
- Walkability checklist
- Bikeability checklist

IV. Destinations

The following destinations are locations where you will want to collect certain information. For schools and parks, you will want to collect information about bicycle facilities and parking facilities. For grocery stores and markets, eating establishments (fast food and sit-down), and convenience stores you will want to collect

information about location, bicycle facilities, parking facilities, and healthful food available for purchase. For GTA bus stops, you will want to collect information about location. Several survey forms have been designed for data collection; please refer to those **before** begin the inventory in order to collect information in an efficient, systematic way. These forms are located under the *Data Collection Forms and Instructions*.

1. Schools $\rightarrow$ Appendix A
2. Parks $\rightarrow$ Appendix B
3. Grocery stores and markets $\rightarrow$ Appendix C
4. Eating establishments $\rightarrow$ Appendix D
5. Convenience stores $\rightarrow$ Appendix E
6. GTA bus stops $\rightarrow$ Appendix F

IV. Recording answers

- Tick boxes clearly to avoid misunderstandings

- Write legibly

- If you accidentally mark the wrong box, clearly cross-out the incorrect answer and mark the correct one. See example below.
  - ☒ Apples
  - ☐ Bananas
  - ☐ Grapes
  - ☒ Apricots
  - ☐ Peaches

- Make notes on the last page or in the margins as needed

- Be sure that you look the form over before leaving the destination to check for inadvertently skipped questions or missing answers.

- **IMPORTANT NOTE:** *If the section coordinator decides that your team has access to computer resources for data entry, please contact Caroline Tittel (206.616.1569 or cmtittel@u.washington.edu) for an electronic form created in Word and instructions for use. Otherwise, complete the forms, return them to the section coordinator, and he/she will return them to Caroline Tittel for processing.*

Healthy Communities – Moses Lake

Data Collection Forms and Instructions

Appendix A: Schools

1. Which school(s) are in this section of Moses Lake? Use the detailed section map to identify school location and then check appropriate box.

Elementary	Middle	High	College/University
☐₁ Garden Heights	☐₉ Midway	☐₁₂ Moses Lake	☐₁₄ BB Community College
☐₂ Knolls Vista	☐₁₀ Chief Moses	☐₁₃ Columbia Basin Alternative	
☐₃ Lakeview Terrace	☐₁₁ Frontier		
☐₄ North			
☐₅ Larson Heights			
☐₆ Longview			
☐₇ Discover			
☐₈ Peninsula			

2. What kind of bicycle facilities are available and how many?

a) School number: _____	Number
☐ **Bike lockers**	_____
☐ **U rails**	_____
☐ **Bike racks or stands**	_____
☐ **None**	

b) School number: _____	Number
☐ **Bike lockers**	_____
☐ **U rails**	_____
☐ **Bike racks or stands**	_____
☐ **None**	

c) School number: _____	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

3. How many car parking facilities are available (approx)?

a) School number: _____	b) School number: _____	c) School number: _____
☐ 0	☐ 0	☐ 0
☐ 1-25	☐ 1-25	☐ 1-25
☐ 26-50	☐ 26-50	☐ 26-50
☐ 51-75	☐ 51-75	☐ 51-75
☐ 76-100	☐ 76-100	☐ 76-100
☐ ≥101	☐ ≥101	☐ ≥101

Notes:

_____

_____

_____

_____

_____

Appendix B: Parks

1. Which park(s) are in this section of Moses Lake? Use the detailed section map to identify park locations and then check appropriate box.

☐₁ Basin Homes Park	☐₈ John E. Calbom Park	☐₁₅ Montlake Park
☐₂ Connelly Park	☐₉ Juniper Park	☐₁₆ Lower Peninsula Park
☐₃ Carl T. Ahlers Park	☐₁₀ Knolls Vista Park	☐₁₇ Larson Playfield/ Peninsula Park
☐₄ Carpenter Park	☐₁₁ Laguna Park	☐₁₈ Moses Lake Community Park
☐₅ Cascade Park	☐₁₂ Lakeview	☐₁₉ Paul Lauzier Athletic Complex
☐₆ Gillette Park	☐₁₃ Neppel Park	
☐₇ Hayden Park	☐₁₄ McCosh Park	

2. What kind of bicycle facilities are available and how many?

a) Park number: _____	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

b) Park number: _____	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

c) Park number: _____	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

3. How many car parking facilities are available (approx)?

a) Park number: _____	b) Park number: _____	c) Park number: _____
☐ 0	☐ 0	☐ 0
☐ 1-25	☐ 1-25	☐ 1-25
☐ 26-50	☐ 26-50	☐ 26-50
☐ 51-75	☐ 51-75	☐ 51-75
☐ 76-100	☐ 76-100	☐ 76-100
☐ ≥101	☐ ≥101	☐ ≥101

Notes:

_____
_____
_____
_____
_____
_____
_____

INSTRUCTIONS for Bicycle and Parking Facilities

Q2. Bicycle facilities

Please make note of the type and number of bicycle facilities at the destination. If no facilities are available, please check the box next to none.

Bike lockers: allows bikes and personal equipment to be locked in individual lockers or communal enclosures

U rails: rails that are mostly suspended, and attached to the ground at 2 point. **See picture below.**

Bike racks or stands: traditional bike parking racks, seated entirely on the ground. **See picture below.**

U rails	Bike rack

Q3. Car parking facilities

Estimate the number of car parking spaces there are at this store. Check the box next to the appropriate estimate.

- 0
- 1-25
- 26-50
- 51-75
- 76-100
- $\geq$101

Appendix D: Eating Establishments

Observer(s): _____   Restaurant Name and Address*: _____

_____

*Please note this location on the section map using a BLUE dot

Start time: _____ : _____
End time: _____ : _____

I. Initial Observations

1. How would you classify this restaurant?

☐ Fast-food
☐ Sit-down / family
☐ Don't Know

2. What kind of bicycle facilities are available and how many?

	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

3. How many car parking facilities are available (approx)?
☐ 0
☐ 1-25
☐ 26-50
☐ 51-75
☐ 76-100
☐ ≥101

4. For what meal time(s) is this menu?

☐ Breakfast	☐ Lunch and Dinner
☐ Breakfast and Lunch	☐ Dinner
☐ Lunch	☐ All of the above

II. Menu Items

NOTE: Please collect take-out menus if available and make note of healthy food options available. If take-out menus are not available, ask if a website is available or if you'd be permitted to borrow a copy of their in house menu.   ☐ Menu obtained?

1. Does the menu label healthy of low-fat entrees?

☐ Yes
☐ No → Goto question II.5.

2. How many healthy or low-fat entrees are listed? _____

3. Do any of the healthy or low-fat entrees include nutritional information?

☐ Yes   ☐ No → Goto question II.5.

4. What type of nutritional information is included? Check all that apply.

- ☐ Total calories
- ☐ Grams of fat or % calories from fat
- ☐ Grams of protein
- ☐ Grams of carbohydrate
- ☐ Fiber content
- ☐ Sodium content
- ☐ Other: _____

5. Please note the types of healthful food options (appetizers/starters, soups/salads, entrees, side dishes, beverages) available. Check all that apply. *Please feel free to ask restaurant personnel if it is not obvious from the menu how something is prepared.*

- ☐ Salad
- ☐ Light / Low-calorie dressing
- ☐ Vegetarian entrees
- ☐ Chicken/Turkey (broiled, baked, not fried)
- ☐ Fish (broiled, baked, not fried)
- ☐ Lean red meat
- ☐ Lean sandwich meat (turkey, chicken, tuna)
- ☐ Baked potato
- ☐ Soup (vegetable, lentil, potato)
- ☐ Whole wheat or high fiber breads and cereals
- ☐ Fruit
- ☐ Side vegetables (steamed, lightly sautéed in vegetable oil such as olive, canola, peanut, sesame)
- ☐ Water
- ☐ 100% fruit juice
- ☐ Herbal Tea
- ☐ Low-fat / non-fat milk
- ☐ Low-fat / non-fat yogurt
- ☐ Other _____
- ☐ Other 2 _____
- ☐ Other 3 _____

INSTRUCTIONS for Eating Establishments

Introduction

This observational survey is focused primarily on healthful food choices at restaurants though some information about facilities for physical activity will be collected. The following is a guide for completing the observational survey. Complete all sections as completely as possible. Write clearly and legibly and transfer hand written notes to electronic form as computer resources are available. Feel free to make notes on the last page of the survey form or in the margins as needed.

PLEASE NOTE: Please follow the skip patterns carefully. If no skip pattern is listed, go directly to the question immediately following.

Instructions

Observer(s): Enter the names of all volunteers
Time of day: Enter the time of day you entered the restaurant and the time of day you left the restaurant.
Store name: Enter the name of the restaurant at which you are conducting the observations.
Store address: Enter the complete mailing address of the restaurant mentioned above.

Section I: Initial Observations

Q1: Type of restaurant
Categorize the type of restaurant by checking the appropriate box. If you are unsure of the type of restaurant, check the "don't know" response and Caroline will follow-up on this later.

Q2. Bicycle facilities
Please make note of the type and number of bicycle facilities at the store. If no facilities are available, please check the box next to none.
Bike lockers: allows bikes and personal equipment to be locked in individual lockers or communal enclosures
U rails: rails that are mostly suspended, and attached to the ground at 2 point. **See picture below.**
Bike racks or stands: traditional bike parking racks, seated entirely on the ground. **See picture below.**

U rails **Bike rack**

Q3. Car parking facilities
Estimate the number of car parking spaces there are at this store. Check the box next to the appropriate estimate.

Q4: Menus
Check which mealtimes are on the menu you are reviewing. If multiple menus are available for the same restaurant, please obtain a copy of all menus for the audit (if available) and mark all that apply.

Section II: Menu Items

Q1: Check whether or not the menu includes healthy of low-fat entrees. These are food items that are *specifically labeled as healthy or low-fat on the menu.* If there are such items, continue with question II.2. If there are no such items labeled as healthy of low-fat, please goto question II.5.

Q2: Indicate the number of healthy or low-fat entrees available. Be sure to only use items considered as entrees, not appetizers, desserts, side dishes, or dinner salads. Do include salads that are meals in themselves.

Q3: Check whether or not healthy or low-fat entrees include nutritional information. Nutritional information includes any

listing of the number of calories, fat grams, etc. If there is no nutritional information, please goto question II.5, otherwise continue with question II.4

Q4: Indicate which type(s) of information is provided. Check all that apply. If you select the "other" option, enter your response in the space provided.

Q5: Please note the types of healthful food options available. Look across the menu to include appetizers/starters, soups/salads, entrees, side dishes, beverages. Check all food items in the list provided that are available. If you select the "other" option, enter your response in the space provided.

Appendix E: Convenience Stores

Observer(s): _____   Convenience Store and Address*: _____

_____

*Please note this location on the section map using a YELLOW dot

Start time: _____ : _____
End time: _____ : _____

1. What kind of bicycle facilities are available and how many?

	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

2. How many car parking facilities are available (approx)?
   - ☐ 0
   - ☐ 1-25
   - ☐ 26-50
   - ☐ 51-75
   - ☐ 76-100
   - ☐ ≥101

3. Walk through the store and please note the types of healthful food options (non-refrigerated and refrigerated) available. Check all that apply.

   - ☐ Ready to eat salad
   - ☐ Light / Low-calorie dressing
   - ☐ Ready to eat deli sandwich with lean sandwich meat (turkey, chicken, tuna)
   - ☐ Soup: prepared or instant (vegetable, lentil, potato)
   - ☐ Whole grain breads/cereals/crackers
   - ☐ Fruit (fresh, frozen, canned)
   - ☐ Vegetables (fresh, frozen, canned)
   - ☐ Water
   - ☐ 100% fruit juice
   - ☐ Tea
   - ☐ Low-fat / non-fat milk
   - ☐ Low-fat / non-fat yogurt
   - ☐ Whole fruit snacks (frozen, dried)
   - ☐ Pretzels in a bag
   - ☐ Granola / NutraGrain Bar
   - ☐ Nuts
   - ☐ Other _____
   - ☐ Other 2 _____
   - ☐ Other 3 _____

Notes:

_____

_____

_____

_____

_____

Appendix F: GTA Bus Stops

Information about bus schedules and stops can be found at:

http://www.gta-ride.com/schedules.htm

Orchid colored bus schedules (hard copies) can be obtained from City Hall. These will help to identify cross streets where GTA stops for mapping locations of bus stops throughout the community. Once the sections of the community have been decided, Caroline will identify cross streets in each section and report these to the section coordinator. Then volunteers will identify the directionality of the bus stop (e.g. NW corner of Alder, SE corner Pine) and map the location on the detailed section map.

OBSERVATIONAL PROTOCOL INSTRUCTIONS for *Grocery Stores and Markets*

Introduction

This observational survey is focused primarily on nutrition products though some information about facilities for physical activity will be collected. The initial items on the survey provide a general description of the grocery store or market. The survey is designed to assess the availability of healthful foods, the quality and price of fresh produce, and the availability of health promotion messages for vegetables and fruits.

The following is a guide for completing the observational survey. Complete all sections as completely as possible. Write clearly and legibly and transfer hand written notes to electronic form as computer resources are available. For questions where none of the item is available, enter "0" in the space provided. This will help to distinguish items with no data from those with missing data. Feel free to make notes on the last page of the survey form or in the margins as needed.

PLEASE NOTE: Please follow the skip patterns carefully. If no skip pattern is listed, go directly to the question immediately following.

Instructions

Observer(s): Enter the names of all volunteers
Time of day: Enter the time of day you entered the store and the time of day you left the store.
Store name: Enter the name of the store at which you are conducting the observations. Below are the names of grocery stores and markets noted in the Moses Lake phone book.

1. Amber Waves Natural Food	5. Ken's Mini-mart	9. Safeway Food & Drug
2. Cascade Valley Grocery	6. Market Place	10. Super 1 Foods
3. Fowler's West Broadway Market	7. North Stratford Mini	
4. Grocery Outlet	8. Patton Park Fuel and Grocery	

Store address: Enter the complete mailing address of the store mentioned above.

Section I: Initial Observations

Q1. Store manager
Some of the initial questions will need to be answered by a store manager or close equivalent. Present the letter signed on behalf of Mayor Blackwell to this person, record their name and title.

Q2. Bicycle facilities
Please make note of the type and number of bicycle facilities at the store. If no facilities are available, please check the box next to none.
Bike lockers: allows bikes and personal equipment to be locked in individual lockers or communal enclosures
U rails: rails that are mostly suspended, and attached to the ground at 2 point. **See picture below.**
Bike racks or stands: traditional bike parking racks, seated entirely on the ground. **See picture below.**

U rails

Bike rack

Q3. Car parking facilities
Estimate the number of car parking spaces there are at this store. Check the box next to the appropriate estimate.

Q4. Square footage
Record the square footage of the store based on the responses of the manager.

Q5. Total window space for ads
   Estimate the percentage of window space covered by ads. This includes <u>all</u> ads. If no windows are present, please check the 'no windows present' box and move on to section II.

Q6. Window space for healthful foods
   Estimate the percentage of window space covered by ads that are for healthful foods. Healthful foods could be beverages such as water or 100% fruit juice or fruits and vegetables, etc.

Section II. Product Observations

Subsection A: Produce

Q1. Check whether or not the store offers FRESH fruits and vegetables.

Q2. Check if the fruit and vegetable section is in the front half or the back half of the store.

Q3. Please note the types of fresh fruit and vegetables available, their quality, and their price (each or per pound) in the table provided. If more than one type of fruit is available for apples, oranges, pears, melon, lettuce, or tomatoes, please note the type that is most expensive and the one that is least expensive and rate the quality and price.
- For quality, rate as 1=poor, 2=good, 3=excellent.
  - **Poor:** very dirty, mushy or wilted, a lot of damage
  - **Good:** some dirt, mostly firm and crisp, some damage
  - **Excellent:** very clean, firm and crisp, little or no damage
- For price, write the price per bunch/bag/each or price per pound.   Be sure to mark the box next to the price you are noting.

Q4. Check if there are any health promotion items near the fruit and vegetable section. *A health promotion item is any item that encourages healthy diet practices, over and above what is on the label. Examples include any 5-A-Day signs (even produce bags), cards displaying nutritional value of food items, or cards identifying the best way to select and prepare foods for maximum nutrition value.*

Q5. Record the types of health promotion items. If you select the 'other' option, enter your response in the space provided.

Q6. Check whether or not the store sells DRIED FRUIT or VEGETBALES. This includes raisins, apricots, figs, prunes, tomatoes, etc. If the store doesn't sell dried fruit or vegetables, goto the next question II.a.7.

Q7. Check whether or not the store sells FROZEN VEGETABLES. If the store does not sell frozen vegetables, goto the next question II.a.8.

Q8. Check whether or not the store sells FROZEN FRUIT. If the store does not sell frozen fruit, goto the next question II.a.9.

Q9. Check whether or not the store sells CANNED VEGETABLES. If the store does not sell canned vegetables, goto the next question II.a.10.

Q10. Check whether or not the store sells CANNED FRUIT. If the store does not sell canned fruit, goto the next question II.a.11.

Q11. Check whether or not the store sell tofu. If the store does not sell tofu, goto the next subsection II.b.1.

Subsection B: Meat

Q1. Check whether or not the store sells FRESH MEATS. If the store does sell fresh meats, please proceed to question II.b.2. and check which options are available. If the store does not sell fresh meats, goto the next subsection II.c.1.

Q2. Note whether the following fresh meats are sold. *The ground beef package label must say lean or extra lean to qualify for inclusion in this section.*
- Regular ground beef
- Lean and extra lean ground beef
- Ground turkey
- Turkey sausage

OBSERVATIONAL PROTOCOL INSTRUCTIONS for *Grocery Stores and Markets*

- Whole chicken
- Chicken breasts – with skin
- Chicken breasts – skinless
- Fresh fish and shellfish

Subsection C: Dairy

Q1. Check whether or not the store sells MILK PRODUCTS. If the store does sell milk products, please proceed to question II.c.2. and check which options are available and their volumes. If the store does not sell milk products, goto the next question II.c.3.

Q2. Please note the different types of milk and volumes offered at this store. *Do not consider buttermilk or acidophilus milk.* Not-fat milk is the same as skim milk. Flavored milk includes chocolate, vanilla, orange, strawberry, banana, root beer and other flavors. Soy milk and rice milk are often located in a non-refrigerated, health food section of the store in cartons.

Type of milk
- Skim / nonfat
- 1%
- 2%
- Whole
- Regular flavored
- Low-fat/non-fat flavored
- Soy
- Rice

Q3. Check whether or not the store sells other diary products. Other dairy products include yogurt, cheese, butter or margarine. If the store does sell other dairy products, please proceed to question II.c.4 through II.c.6. If the store does not sell other dairy products, goto the next subsection II.d.1.

Q4. Please note the different types yogurt offered at this store. *Low-fat or fat-free products must be labeled as such on the package to be considered.*   If the store does not offer yogurt, please proceed to next question II.c.5 and check the box next to none offered.
- Fat-free
- Low-fat
- Regular

Q5. Please note the different types of cheese offered at this store. *Cheeses include chunk and shredded cheeses only found in the cheese section, <u>not</u> the deli section. Low-fat or fat-free products must be labeled as such on the package to be considered. Do not considered grated parmesan cheese, cream cheese, or cottage cheese.* If the store does not offer cheese, please proceed to next question II.c.6 and check the box next to none offered.
- Fat-free
- Low-fat
- Regular

Q6. Please note the different types of butter or margarine offered at this store. If the store does not offer butter or margarine, please proceed to next subsection II.d.1 and check the box next to none offered.
- Light
- Reduced
- Regular

Subsection D: Breads and Grains

Q1. Check whether or not the store sells BREAD. *Bread includes pre-packaged sliced breads. Do not include hot dog or hamburger buns (or any other bread buns).* If the store does sell bread products, please proceed to question II.d.2. If the store does not sell bread, goto the next question II.d.3.

Q2. Please note the different types of bread offered at this store. *Please only consider bread that says on the package label **100% whole wheat** or **high in fiber for whole wheat or high fiber bread.** Darks breads would be pumpernickel and dark rye.*

Q3. Check whether or not the store sells RICE.   If the store does sell rice, please proceed to question II.d.4. If the store does not sell rice, goto the next question II.d.5.

Q4. Please note the different types of rice offered at this store.

Q5. Check whether or not the store sells un-refrigerated PASTA.   If the store does sell pasta, please proceed to question II.d.6. If the store does not sell pasta, goto the next subsection II.e.1.

Q6. Please note the different types of pasta offered at this store.

Subsection E: Beans and Peas

Q1. Check whether or not the store sells DRIED or CANNED BEANS and PEAS. Proceed to next subsection II.f.1.

Subsection F: Beverages

Q1. Check whether or not the store sells NON-ALCOHOIC BEVERAGES in an un-refrigerated area of the store. *100% juice (fruit or vegetable) must be labeled as such on the package to be considered.* If the store does sell non-alcoholic beverages, please proceed to question II.f.2. If the store does not sell non-alcoholic beverages, goto the next question II.f.3.

Q2. Please note the types of non-alcoholic beverages offered at this store.

Q3. Check whether or not the store sells non-alcoholic FROZEN JUICE (100%). *100% juice (fruit or vegetable) must be labeled as such on the package to be considered.* Proceed to next subsection III.1.

Section III. Customer Demographics

Q1. The purpose of this section is to provide a general "picture" of who shops at this grocery store. Please check <u>ONE</u> selection in each column to indicate your perception of who the customers appear to be.

Notes Section

This section is reserved for general note taking. Please make notes of questions or comments as you make your way through the store.

Appendix C: OBSERVATIONAL PROTOCOL for *Grocery Stores and Markets*

Observer(s): _____   Store Name and Address*: _____

_____   _____

*Please note this location on the section map using a GREEN dot

Start time: _____ : _____
End time: _____ : _____

I. Initial Observations

1. Name and title of employee spoken to: _____

2. What kind of bicycle facilities are available and how many?

	Number
☐ Bike lockers	_____
☐ U rails	_____
☐ Bike racks or stands	_____
☐ None	

3. How many car parking facilities are available (approx)?
    - ☐ 0
    - ☐ 1-25
    - ☐ 26-50
    - ☐ 51-75
    - ☐ 76-100
    - ☐ ≥101

4. What is the square footage of the store? _____ ft^2

5. Percent of total window area covered by all ads: _____ %   ☐ No windows present → **Goto question II.a.1.**

6. Approximately what percentage of all window advertisements are for healthful foods? _____ %

II. Product Observations
a. Produce
1. Does the store offer fresh fruits and vegetables?
    - ☐ Yes
    - ☐ No fresh fruits and vegetables offered → **Goto question II.a.6.**

2. Where is the vegetable and fruit section located?
    - ☐ Front of store
    - ☐ Back of store

3. Please note the types of fruit available, their quality, and their price in the table below.

Fruit	Available?	Quality	Price	
Apples, most expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____	☐ each ☐ per pound
Apples, least expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____	☐ each ☐ per pound
Oranges, most expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____	☐ each ☐ per pound
Oranges, least expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____	☐ each ☐ per pound
Pears, most expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____	☐ each ☐ per pound

Quality Scale:
'1 = poor'
'2 = good'
'3 = excellent'

Appendix C: OBSERVATIONAL PROTOCOL for *Grocery Stores and Markets*

Fruit	Available?	Quality	Price
Pears, least expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Grapefruit	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Bananas	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Strawberries	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Cantaloupe	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Other Melon (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Peaches	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Kiwi	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Grapes	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Avocado	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound

Quality Scale:
'1 = poor'
'2 = good'
'3 = excellent'

Vegetables	Available?	Quality	Price
Head lettuce, most expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Head lettuce, least expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Tomatoes, most expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Tomatoes, least expensive (specify _____)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Carrots	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Collard Greens	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Mustard Greens	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Broccoli	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Cauliflower	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Asparagus	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Spinach	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Cabbage	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Green beans	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound
Onions (yellow or white)	☐ Yes → ☐ No	☐₁ ☐₂ ☐₃	_____ ☐ each ☐ per pound

Vegetables	Available?	Quality			Price	
Zucchini squash	☐ Yes → ☐ No	☐₁	☐₂	☐₃	____	☐ each ☐ per pound
Sweet Potatoes	☐ Yes → ☐ No	☐₁	☐₂	☐₃	____	☐ each ☐ per pound
Potatoes, Russet	☐ Yes → ☐ No	☐₁	☐₂	☐₃	____	☐ each ☐ per pound

4. Are there health promotion items around the fruit and vegetable display?
   ☐ Yes
   ☐ No → **Goto question II.a.6.**

5. What kinds of health promotion items are there?
   ☐ 5-A-Day signs
   ☐ Nutritional Information
   ☐ Other, specify_____

6. Does the store sell dried fruit (raisins, apricots, figs, etc)?
   ☐ Yes
   ☐ No → **Goto question II.a.7.**

7. Does the store sell frozen vegetables?
   ☐ Yes
   ☐ No → **Goto question II.a.8.**

8. Does the store sell frozen fruit?
   ☐ Yes
   ☐ No → **Goto question II.a.9.**

9. Does the store sell canned vegetables?
   ☐ Yes
   ☐ No → **Goto question II.a.10.**

10. Does the store sell canned fruit?
    ☐ Yes
    ☐ No → **Goto question II.a.11.**

11. Does the store sell tofu?
    ☐ Yes
    ☐ No → **Goto question II.b.1.**

b.   Meat
1. Does the store sell fresh meat?
   ☐ Yes
   ☐ No fresh meat offered → **Goto question II.c.1.**

2. Please note the different types of fresh meat offered by checking all boxes that apply:
   ☐ Regular ground beef
   ☐ Lean and extra lean ground beef
   ☐ Ground turkey
   ☐ Turkey sausage
   ☐ Whole chicken
   ☐ Chicken breasts – with skin
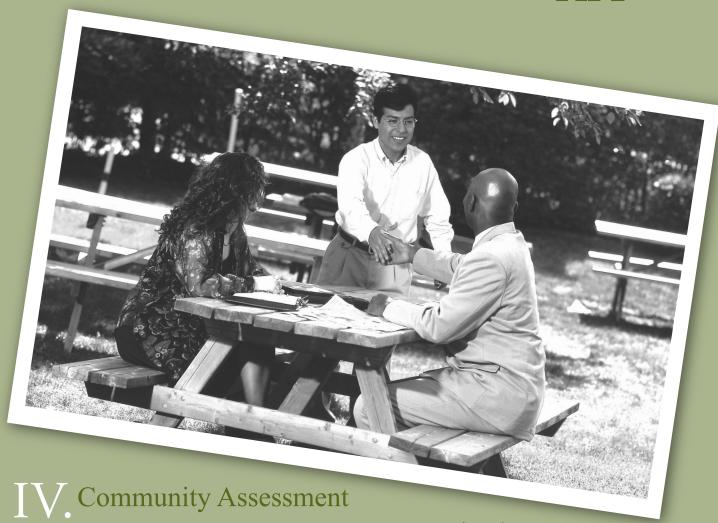   ☐ Chicken breasts – skinless
   ☐ Fresh fish and shellfish

c. Dairy
1. Does the store sell milk products?
   ☐ Yes
   ☐ No milk products offered → **Goto question II.c.3.**

2. Please note the different types of milk and volumes offered by checking all boxes that apply:

Type of milk	Half Gallon cartons		Gallon cartons	
☐ Skim / non-fat	☐ Yes	☐ No	☐ Yes	☐ No
☐ 1%	☐ Yes	☐ No	☐ Yes	☐ No
☐ 2%	☐ Yes	☐ No	☐ Yes	☐ No
☐ Whole	☐ Yes	☐ No	☐ Yes	☐ No
☐ Regular Flavored	☐ Yes	☐ No	☐ Yes	☐ No
☐ Low-fat/non-fat flavored	☐ Yes	☐ No	☐ Yes	☐ No
☐ Soy	☐ Yes	☐ No	☐ Yes	☐ No
☐ Rice	☐ Yes	☐ No	☐ Yes	☐ No

3. Does the store sell other diary products?
   ☐ Yes
   ☐ No other diary products offered → **Goto question II.d.1.**

4. Please note the different types of yogurt offered by checking all boxes that apply:

   ☐ Fat-free   ☐ Lowfat   ☐ Regular   ☐ None offered

5. Please note the different types of cheese offered by checking all boxes that apply:

   ☐ Fat-free   ☐ Lowfat   ☐ Regular   ☐ None offered

6. Please note the different butter or margarine offered by checking all boxes that apply:

   ☐ Light   ☐ Reduced   ☐ Regular   ☐ None offered

d. Bread and Grains
1. Does the store sell bread?
   ☐ Yes
   ☐ No bread offered → **Goto question II.d.3.**

2. Please note the different types of bread offered by checking all boxes that apply:
   ☐ Whole wheat or high fiber
   ☐ Dark breads
   ☐ White

3. Does the store sell rice?
   ☐ Yes
   ☐ No rice offered → **Goto question II.d.5.**

4. Please note the different types of rice offered by checking all boxes that apply:
   ☐ Brown
   ☐ White

5. Does the store sell un-refrigerated pasta?
   ☐ Yes
   ☐ No un-refrigerated pasta offered → **Goto question II.d.7.**

6. Please note the different types of rice offered by checking all boxes that apply:

☐ Whole wheat
☐ Regular or egg

e.   Beans and Peas

1. Does the store sell dried or canned beans and peas?
    ☐ Yes
    ☐ No bread offered → **Goto question II.f.1.**

f.   Beverages

1. Does the store sell non-alcoholic beverages in an un-refrigerated area of the store?
    ☐ Yes
    ☐ No non-alcoholic beverages offered → **Goto question II.f.3.**

2. Please note the different types of beverages offered by checking all boxes that apply:
    ☐ Juice (100%)
    ☐ Bottled water

3. Does the store sell non-alcoholic *frozen* juice (100%)?
    ☐ Yes
    ☐ No non-alcoholic frozen beverages offered → **Goto question III.a.1.**

III.   Customer Demographics

1. Please describe the make-up of the store's customers. Are they mostly . . . . .

☐ Families ☐ Couples ☐ Singles ☐ Don't Know	☐ Youth/teenage ☐ Adult ☐ Elderly/senior ☐ Don't Know	☐ White ☐ Hispanic ☐ African American ☐ Other ☐ Don't Know	☐ Male ☐ Female ☐ About equal ☐ Don't Know	☐ Live in community ☐ Come from outside the community ☐ Both ☐ Don't Know

Notes:

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IV. Community Assessment

COMMUNITY ATTITUDE

☑ *Lessons learned*

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

COMMUNITY ASSESSMENT: COMMMUNITY ATTITUDE

- Listen to the community. What are their attitudes about physical activity, and food? What changes would they like to see? What are their priorities? They have many creative solutions.

- This provides an opportunity for people who don't normally have a voice to be involved. You can use this as opportunity to hear from more diverse members of the community. For example, you may choose to conduct focus groups in Spanish or focus groups of seniors or parents of young children.

- If you do a telephone survey completed by the university or someone outside of the community be sure to have a local contact. People want to make sure the project is legitimate.

- You'll find a lot of surprises and have a better understanding of barriers and opportunities in the community. Not everyone shares the same attitude or priorities as the project leaders.

Key Informant Interview Guide

Respondent Name_____   Title_____

Address_____

City, State, Zip _____

Phone Day_____   Evening_____

Date of Contact_____   Callback_____   Date Completed_____

Hello, I'm calling from Gilmore Research Group. May I please speak with ———? IF NOT AVAILABLE, ARRANGE CALLBACK.

WHEN CORRECT PERSON IS ON LINE, SAY: Hello, I'm _____ from Gilmore Research Group calling on behalf of the Washington State Department of Health.

(IS DOH PLANNING TO SEND A LETTER TO POTENTIAL KEY INFORMANTS? IF SO, INCLUDE THE FOLLOWING:) I believe that _____, from the Department of Health, sent you a letter recently, requesting your participation in a survey regarding community opportunities to influence better nutrition and more physical activity among the population. Have you received this letter? IF YES: SAY: WONDERFUL. This survey will take about 15 minutes. Is now a good time for you to help us with this important research? IF NOT, ARRANGE CALL BACK. IF YES: CONTINUE:

IF NO, haven't received letter, SAY: It is our understanding that you should be receiving this letter soon if you haven't already gotten it. Would you consider participating in the survey now? IF YES, SAY: WONDERFUL. This survey will take about 15 minutes.
IF NO, WOULD PREFER TO WAIT FOR LETTER, thank them and tell them you will call back at a later time. (NOTE: Respondents will be offered the option of receiving a fax if they prefer.)

(IF NO LETTER, START HERE.)
As you may already be aware, the Washington State Department of Health is working on a program to improve nutrition and physical activity among residents of its towns and cities. As a part of the preparation, there will be a pilot program to determine which measures should be included in the plan. Your input will help us decide how best to approach communities and encourage development and implementation of local programs.

Before we get started, I want to let you know that your responses will be confidential. (Is this true?)
IF NEEDED: If you have any questions or concerns about this survey, you may contact Patricia Glazer at Gilmore Research at 206-726-5555. Or you may contact

First of all we would like to ask you a few questions about your community and your perceptions of it.

1. Do you believe that obesity is a problem in your community?   Yes ( ) No ( )
    (IF YES, ASK:) How does obesity seem apparent in your community?

2. Do you believe that lack of physical activity is a problem in your community?
    Yes ( ) No ( ) (IF YES, ASK:) Why do you say that?

3. Do you believe that poor diet is a problem in your community? Yes ( ) No ( )
    (IF YES, ASK:) How does poor diet seem to be a problem in your community?

4. Are you aware of current programs related to nutrition and physical activity in your community? Yes ( ) No ( ) (IF YES, ASK:) What programs are available in your community?

The next few questions are going to be related specifically to the pilot intervention being planned by the Washington State Dept. of Health. The intervention is going to involve either environmental or policy changes within your community. Your community will be provided with a list of possible choices of environmental and policy changes and the changes made would be up to your community. Examples of such changes include increasing the number of bike lanes in your community, increasing availability of physical activity facilities in schools to community members, and promoting the presence of healthy foods in vending machines in worksites and schools.

5. Would policy makers in your community be willing to make such changes?
    Yes ( ) No ( )
    Why do you think they would/would not be willing to make such changes?

6. Would it be possible for policy makers in your community to help to make such
    changes? Yes ( ) No ( )
    (IF YES, ASK:) How do you think they could help?

    (IF NO, ASK:) What would make it difficult or impossible for them to help?

7. (IF YES TO HELP, ASK:) Approximately how long would this take? (to implement
    each of these measures or other examples mentioned)

8. Would policy makers within your community be able to devote some funds to support
    such changes?   Yes ( ) No ( )
    (IF YES, ASK:) How would they support these changes with funds?

9. (IF NO to Q8, ASK:) Would policy makers be willing to search for funds to support
    such changes?   Yes ( ) No ( )
    Why/Why not?

10. Would members of your community be willing to work with your community's policy makers and a state agency to choose and implement the environmental or policy changes?   Yes ( ) No ( )
Why do you think that is?

11. Part of being selected as the pilot community will involve collecting information about your community before and after the environmental or policy changes are put in place. Would members of your community be willing to have the Department of Health collect information about your community and its members?
Yes ( ) No ( )
Why is that?

12. On a scale of 1 to 10 (with 10 being the highest), what is your level of interest in taking part in a project such as this?
(CIRCLE RESPONSE AND RECORD COMMENTS:)   1   2   3   4   5   6   7   8   9   10

THANK YOU for taking the time to participate in this interview. The Dept. of Health will be selecting one of the communities in the state for this pilot program during the next few weeks. We appreciate you help in this process.

HEALTHY COMMUNITIES **TOOL**

Nutrition & Physical Activity **KIT**

ENGAGING THE COMMUNITY

✓ *Lessons learned*

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

ENGAGING THE COMMUNITY

- It's important to always be finding new ways to involve people. Some people are interested in setting priorities and designing the plan; others want to be involved when they can take specific actions or work on specific projects that are of interest to them.

- Expect people to come and go; that's the nature of this work.

- Personal relationships are critical to engaging the community. People won't come if you just post a meeting announcement. That's why a personal invitation is so important.

- You need to have people on an advisory group who know the community well; people who are trusted and respected as leaders.

- Figure out what the "hook" is to get already very busy people to commit to another project. They need to know what's in it for them. What makes it personal?

- Be creative with your outreach, especially if you want to involve a diverse group of community members. We have many Hispanic people in our community but because our personal contacts are only in a certain stratum of the community we missed the opportunity to involve them.

- Getting key stakeholders to the table will result in more success. Having a city planner who is a shaker and a mover on our advisory group made it easier for our action plan to be included in the city's comprehensive plan. She knew the process and was a strong advocate.

- It is important to have school district leadership involved since this work involves changes in school policy and environment.

- Offer many opportunities for people to become engaged. For example, people who like to grow their own food and work outside will become involved in a community garden project but might not want to sit through an advisory planning meeting. Other ideas are planning community events, publicity and communication, conducting the community audit, being part of a focus group, or serving on the advisory group to make decisions.

- We found that an invitation from the mayor to be part of the advisory group was very effective.

- We always offered food at meetings; it's a great draw.

- Always remember that the community calls the shots.

Mount Vernon Healthy Communities Project

Criteria for selection of Advisory Committee

An effective community advisory board should include people who:
- Can influence policy and/or environmental change in Mount Vernon
- Have contacts in the community
- Can mobilize others in Mount Vernon
- Knowledgeable about nutrition, food insecurity, and food access issues in Mount Vernon
- Knowledgeable about physical activity, active community environments, and access to facilities in Mount Vernon
- Represent the Hispanic community in Mount Vernon

Representatives from:
- School district
- Local businesses
- Large and small agricultural businesses
- City government
- Parks and recreation
- Medical/health care community
- Recreational programs
- Youth and senior organizations

DEVELOPING EFFECTIVE COALITIONS:

An Eight Step Guide

Larry Cohen, MSW
Nancy Baer, MSW
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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development.

This paper and related tools and materials are available at our website.

DEVELOPING EFFECTIVE COALITIONS: An Eight Step Guide

Although the examples given in this paper are specific to injury prevention coalitions, most can be applied to coalitions working on a variety of health-related issues. Written in the format of eight specific steps, this paper attempts to give structure to a process that is somewhat variable. Therefore, this paper is to be used as a general guide. Each group will find ways of interpreting the eight steps to best suit its own needs. The particular details of the solutions arrived at by each coalition will be unique.

"Developing Effective Coalitions: An Eight Step Guide" was originally developed at the Contra Costa County (California) Health Services Department Prevention Program to assist public health programs in developing effective community coalitions for injury prevention. The ideas presented in this paper are an outgrowth of a Special Project of Regional and National Significance (SPRANS) grant awarded to the Contra Costa County Health Services Department by the U.S. Department of Health and Human Services Maternal and Child Health Division. It was edited and printed by the Children's Safety Network at the National Center for Education in Maternal and Child Health. An earlier version of the paper was also published in the Injury Awareness and Prevention Centre News, Vol. 4, No. 10, Alberta, Canada, December 1991.

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Prevention Institute
Putting prevention at the center of community well-being

DEVELOPING EFFECTIVE COALITIONS:

An Eight Step Guide

Health professionals attend numerous meetings and sometimes assume that they understand everything it takes for working groups to succeed. Often, however, groups fail or, perhaps worse, flounder. To avoid this type of experience, which only erodes faith in collaborative efforts, people need to sharpen the skills that are necessary to build and maintain coalitions. This paper contributes to the discussion of group processes by offering an eight step guide to building effective coalitions. This paper is written from the perspective of an organization considering initiating and leading a coalition but can be helpful to anyone eager to strengthen a coalition in which he or she participates.

WHAT IS A COALITION?

A coalition is a union of people and organizations working to influence outcomes on a specific problem. Coalitions are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization. These goals range from information sharing to coordination of services, from community education to advocacy for major environmental or policy (regulatory) changes. In this *Eight Step Guide*, the word **coalition** is used in a generic sense to represent a broad variety of organizational forms that might be adopted. The approach outlined in this paper is intended to be used by any collaborative group seeking to influence outcomes or goals, or by anyone participating in an ongoing set of meetings.

A coalition can be an effective means of achieving a coordinated approach to injury prevention. For example, many agencies that focused primarily on providing direct services after the occurrence of violent incidents wanted to join together to develop effective ways to prevent violence. As a result, government and agency leaders established the *Violence Prevention Coalition*[1]

"The opportunity to interact with people from related programs strengthens my day-to-day work. Now I know who to refer my clients to and where to go for advice when I need it."

"Without the coordination that this coalition provides, we never would have accomplished such a broad policy objective."

"Another meeting? I'd like to attend but I have real work to do."

"This coalition used to be worthwhile, but now I find it a waste of time."

(VPC), a network of county organizations and community agencies dedicated to the prevention of abuse and violence.

The *Injury Prevention Coalition*[1] (IPC) was formed a few years later by groups focusing on other injury issues (e.g., crib death, drowning, car crashes). These groups wanted to develop a broad campaign emphasizing that "injuries are no accident."

Although coalition building has become a popular approach, the concept of coalition building is not new. In 1840, Alexis de Tocqueville, the first noted international researcher on American society, remarked that "...Americans are a peculiar people...If, in a local community, a citizen becomes aware of a human need that is not met, he thereupon discusses the situation with his neighbors. Suddenly a committee comes into existence. The committee thereupon begins to operate on behalf of the need, and a new community function is established. It is like watching a miracle."[2]

CHARACTERISTICS OF COLLABORATIVE ORGANIZATIONS

Following are working definitions of various types of group processes.

ADVISORY COMMITTEES generally respond to organizations or programs by providing suggestions and technical assistance.

COMMISSIONS usually consist of citizens appointed by official bodies.

CONSORTIA AND ALLIANCES tend to be semi-official, membership organizations. They typically have broad policy-oriented goals and may span large geographic areas. They usually consist of organizations and coalitions as opposed to individuals.

NETWORKS are generally loose-knit groups formed primarily for the purpose of resource and information sharing.

TASK FORCES most often come together to accomplish a specific series of activities, often at the request of an overseeing body.

TERMS OFTEN USED WITH RESPECT TO COALITIONS

CHAIRPERSON: The chairperson has the primary responsibility as spokesperson for the coalition. He or she may sign letters, testify in court, etc. on behalf of the coalition. The chairperson does not necessarily have to be from the lead agency. Frequently, the chairperson also acts as the facilitator.

FACILITATOR: The facilitator is responsible for running the coalition's meetings. This person should be knowledgeable in group dynamics and comfortable with the task of including disparate members in group interactions, fostering group discussion, and resolving disagreements within the group. As with the chairperson, the facilitator does not necessarily have to be from the lead agency.

Many organizers ask individuals to leave their bias at the door. Avoid this temptation. It's more realistic to encourage them to bring their own perspectives in and to shape a coalition that responds to the needs and objectives of its members.

INDIVIDUAL MEMBER: Individual members are those people who do not represent a specific organization within the coalition. They often join the coalition for reasons of personal or professional interest in the issue.

LEAD AGENCY: The lead agency convenes the coalition and assumes significant responsibility for its operation. However, the lead agency does not control the coalition. The "lead agency" should recognize the amount of resources necessary to initiate and maintain the coalition and the importance of respecting the differences between the coalition's and the lead agency's perspectives.

MEMBER ORGANIZATION: Member organizations are those organizations that participate in coalition activities and send a designated representative to coalition meetings. In some coalitions, "member" is an official designation; some organizations may choose to become official members and others may participate on an ad hoc or informal basis.

REPRESENTATIVES: Representatives are staff from member organizations who are selected to participate in the activities and meetings of the coalition. Ideally, these people have an interest in the problem, and their activities on the coalition comprise part of their regular job responsibilities.

STAFFING: Staffing refers to the support functions necessary to make the coalition work (e.g., planning meetings, preparing agendas). Staffing is typically a responsibility of the lead agency.

STEERING COMMITTEE: A steering committee is a small subgroup of the coalition that takes primary responsibility for the coalition's overall direction. Typically, the steering committee will include the coalition chairperson and a representative from the lead agency. The steering committee may also include subcommittee chairpersons and representatives from other organizations that have a major commitment to the coalition's objectives. Steering committees sometimes plan meetings and may provide decision making between regular coalition meetings.

TURF: Turf refers to the "territory" an organization feels is rightly its own. Areas of turf include geographic areas, specific issues, and funding sources. Frequently, "turf battles"—disagreements over who will work in a particular region or who will apply for a particular grant—arise in coalitions.

Coalitions offer numerous potential advantages over working independently.

Coalitions can conserve resources.

For example, the IPC invited teachers and Parent Teacher Association (PTA) members to become involved in the coalition's educational effort to promote a new law requiring children to wear bike helmets when riding to school. The PTA and teachers then educated students and parents on the proposed law while doing their regular work, thereby eliminating the need for other IPC members to visit schools.

Coalitions can achieve more widespread reach within a community than any single organization could attain.

For example, when the VPC held a community resource fair, they were able to invite two thousand interested community members just by combining their mailing lists.

Coalitions can accomplish objectives beyond the scope of any single organization.

For example, the IPC was able to lobby successfully for child passenger safety legislation that no single program had the time, geographic scope, or mandate to pursue.

Coalitions have greater credibility than individual organizations.

The broader purpose and breadth of coalitions give them more credibility than individual organizations. In addition, coalitions reduce suspicion of self-interest. For example, the IPC wrote a letter to the editor of a local newspaper asking him to ensure that all bicycle-related photos printed in the newspaper include bicyclists who were wearing helmets. Seeing the breadth of groups on the letterhead, the editor could not dismiss the letter as one sent from a "special interest group."

Coalitions provide a forum for sharing information.

For example, at an IPC meeting, each member announced upcoming events, and then those members who had attended the National Safe Kids conference gave a report. Only two members of the coalition could afford to attend the conference, but by reporting back, all members were informed about the conference proceedings.

Coalitions are not appropriate for every situation. They are only one of a variety of tools.

Coalitions provide a range of advice and perspectives to the lead agency.

For example, after a suicide attempt by a local high school youth, the lead agency convened VPC members for advice on the best way for the Health Department to respond to the concerns of principals and teachers in that school district.

Coalitions foster personal satisfaction and help members to understand their jobs in a broader perspective.

For example, an IPC member who was a traffic engineer was able to use his graphic art skills to develop an educational manual for the coalition. In addition, his involvement in the coalition allowed him to see how his work as an engineer impacted childhood and pedestrian safety.

Coalitions can foster cooperation between grassroots organizations, community members, and/or diverse sectors of a large organization.

Coalitions build trust and consensus between people and organizations that have similar responsibilities and concerns within a community. For example, three VPC agencies that had been struggling with turf issues over working in the local high schools decided to combine their efforts by collaborating on a joint education project.

It is important to note that a coalition is not appropriate in every situation and is only one of a variety of effective tools for accomplishing organizational goals. A lead agency should consider carefully the responsibilities of developing and coordinating a coalition. The success of a coalition is usually uncertain. In addition, lead agencies tend to underestimate the requirements needed to keep coalitions functioning well, especially the commitment of substantial staffing resources. Coalitions also require significant commitment from the members, who frequently must weigh coalition membership against other important work. Potential results need to be measured against their costs, keeping in mind that results of coalition efforts often diverge from the initial expectations of the organizations that created the coalition. Furthermore, some tasks are inappropriate for coalitions because they may require quick responses that are unwieldy for coalitions or an intensity of focus that is difficult to attain with a large group.

Before initiating a coalition, it is important to determine if related groups already exist within the community. There are times when it will be far more effective to participate in an already existing group with compatible goals than to form a new coalition.

◀ **TIP: Group Definition**

People and organizations often define terms differently. It is important to define clearly the type of group that will be set up, including its mission, membership, and structure, and to make sure that all participants understand and agree with this definition.

STEP 1
ANALYZE THE PROGRAM'S OBJECTIVES AND DETERMINE WHETHER TO FORM A COALITION

Three different situations may cause an organization to consider whether or not to form a coalition: 1) the organization recognizes a community need or responds to community leaders' requests to facilitate an effort; 2) the organization recognizes that a coalition will help it fulfill its own goals; or 3) the process of building a coalition is required, for example, by a grant mandate or as the outcome of a conference. Recently, many grants have required organizations to establish coalitions. Consequently, the initiation of a coalition may be in response to the grantor rather than as a result of recognizing that it is the best solution to a problem. Therefore, the organization's objectives may be based on an assessment of data, may stem from an existing programmatic emphasis, or may be set by a funding mandate.

Sometimes a coalition is established by "spontaneous combustion" based on the joint decision of a group of individuals and organizations, without a lead agency. These coalition organizers should approach the eight steps to effective coalition building as though they share the responsibility as the lead agency. Between them, they must achieve the responsibilities that are delineated throughout this paper for the lead agency. Sometimes these shared efforts can capitalize on the energy of their beginnings and can achieve remarkable results.

A potential lead agency must assess its credibility in and capacity for providing neutral facilitation. On some issues, the organization may have the credibility and resources to provide the lead. In other situations, history, turf issues, or lack of resources might prevent the achievement of a cohesive effort. In these cases, the group should consider designating a different lead agency, if a coalition is still going to be developed.

When deciding whether or not to form a coalition, first consider whether or not a coalition is the appropriate tool to serve the organization's needs. Then consider the resources needed from the lead agency and from coalition members. Finally, consider whether or not coalition efforts represent the best use of these resources. There are times you may want to join an existing coalition with related objectives instead of creating your own. To answer these questions, it is important to examine the objectives and to determine specific strategies that could help achieve those objectives.

EIGHT STEPS TO BUILDING AN EFFECTIVE COALITION

STEP 1
Analyze the program's objectives and determine whether to form a coalition.

STEP 2
Recruit the right people.

STEP 3
Devise a set of preliminary objectives and activities.

STEP 4
Convene the coalition.

STEP 5
Anticipate the necessary resources.

STEP 6
Define elements of a successful coalition structure.

STEP 7
Maintain coalition vitality.

STEP 8
Make improvements through evaluation.

To determine whether or not to form a coalition, the following steps should be undertaken:

A. Clarify the objectives and appropriate activities.

One tool that is useful for planning objectives is the Spectrum of Prevention (see box below), which describes six types of interventions that can be used. Each part of the Spectrum depends on the others to work best, and generally, coalitions that aim to accomplish a combination of the Spectrum's strategies are most effective. By grouping these separate approaches together, a preventive health program builds on the strengths of each and promotes permanent, effective change. For example, environmental changes, which are key in injury prevention, generally result from changing organizational practices or advocating policy and legislation. As a specific example, an educational program aimed at decreasing bicycle-related injuries will be enhanced if a local ordinance requires bicyclists to wear helmets and a civic program is implemented to change the environment by developing off-street bicycle paths. Often policy advocacy requires the resources of several organizations within a community and may necessitate the formation of a coalition.

THE SPECTRUM OF PREVENTION[3]

Influencing Policy & Legislation
Changing Organizational Practices
Fostering Coalitions & Networks
Educating Providers
Promoting Community Education
Strengthening Individual Knowledge & Skills

Take a broad, creative look at activities that can accomplish the objectives. In many prevention programs, efforts center primarily on education. Yet individual and community education is not enough. For example, a child can drown in minutes, even with an attentive caretaker nearby who knows that water is dangerous. A fence around a pool, however, is an effective safeguard that helps prevent such tragedies by physically separating the child from the danger. In this case, promoting an ordinance requiring proper pool fencing will be a more effective method of reducing childhood drownings than funneling all of the coalition's resources into individual and community education.

Critical questions to consider are the breadth of what the group may accomplish and the scope of the coalition's activities. For example, should the effort focus on car seats or on reducing all childhood injuries? Will the coalition focus on a specific injury (e.g., sports-related injuries) or on a crosscutting issue (e.g., improvement of data access)? The direction the coalition will ultimately take depends on the vision and interests of the lead agency and on the likelihood of success in meeting the identified objectives. The coalition's direction will also depend on the composition and interests of the membership (see Step 3). For each approach, it will be important to have at least a general understanding of the roles of particular members in accomplishing the objectives. Different members may be better suited to different activities.

B. Assess community strengths and weaknesses.

How do the proposed approaches of the coalition fit into the context of the community's strengths and weaknesses? Look at the community in terms of potential barriers and supports. Is there a history of success or failure in dealing with similar problems in the community? Are there organizations that have similar objectives? Are there organizations (or even coalitions) that deal with closely related issues? Are there individuals or organizations that could be enlisted to provide support or overcome potential barriers? Are there organizations from other geographic regions with whom collaboration could occur? Are there individuals and organizations that may be opposed to the objectives or may view the coalition as competition for scarce resources?

C. Determine the costs and benefits to the lead agency.

How great will the resource drain be? How much will the coalition's results coincide with the organization's overall goals? What will a coalition provide to the lead agency's program? Determine if adequate resources are available. If not, the objectives must be revised, or perhaps the coalition should not be created.

STEP 2
RECRUIT THE RIGHT PEOPLE

Membership type

Determine the membership type based on the coalition's goals. Most coalitions should have diverse membership. Of course, a coalition aimed at providing citizen input might consist only of citizens, a coalition designed to ensure that government departments coordinate their efforts effectively might consist only of those departments, and a coalition aimed at eliminating duplication of services might only include the service providers. Coalitions with less diverse membership may communicate and work more quickly because members' objectives may be more alike. These coalitions, however, may be weaker in their ability to comprehend other factors that contribute to the problem that lay beyond the purview of their member organizations.

Member organizations

Start by identifying organizations that already work on the identified issue and look broadly for other organizations that should be involved. Consider those who have influence, those who will be supportive, and even those who may put obstacles in the coalition's path. Are there important citizen or client groups that should be included? For example, the VPC became far more effective in elevating the importance of violence prevention in their community when the "Parents of Murdered Children" group began to participate in the coalition.

Individual members

Many coalitions welcome individuals in their membership. Individual members may be community members, community leaders, or people who have directly experienced the problem. Unless there is a reason not to, it is a good idea to include individuals who are not affiliated with an organization, because they can perform functions that other coalition members may not easily be able to perform. For example, individual members may be perceived by the media as having less of a vested interest and therefore more credibility. In addition, individual members can provide advice and outreach from a different, and perhaps more personal, perspective. As a specific example, the IPC members who had been injured were the best spokespeople for legislative hearings and meetings with the press.

"The main factor in unproductive business meetings is one of the most fundamental: having the wrong people present."[4]

LYNN OPPENHEIM
Wharton Center for Applied Research,
as quoted in the *New York Times*

Competitors and adversaries

Decide whether to include or exclude potential competitors and adversaries, based on the sincerity of their commitment to the coalition's goals and whether they will be more of an impediment to the coalition if included or excluded. For example, the VPC did not allow a gun manufacturing company to join its coalition because the work of the company directly opposed the objectives of the coalition to reduce firearm use. However, the VPC did allow a toy company to join the coalition in the hopes that the coalition's efforts would encourage the company to produce alternatives to toy guns.

Organization representatives

Having identified key organizations, consider who will best represent each organization on the coalition. Agency directors are often more effective at making policy decisions and establishing credibility as coalition representatives. They often have broader experience on certain coalition issues and a wider network of connections in the community. On the other hand, line staff are frequently more committed, enthusiastic, and available than top leaders and are often more in touch with the issues related to "hands-on" service delivery. It is important for agency directors to appoint these staff to represent their organization. In so doing, the directors validate the time employees spend doing coalition work. In addition, the directors will be more likely to provide latitude to their representatives when decisions need to be made by the coalition "on the spot."

Organization representatives with strong skills or interests should be recruited to serve on the coalition steering committee, asked to chair or facilitate, or given other positions of responsibility. In situations in which only top organizational leaders have the clout to play an effective role, recognize that their attendance may be irregular, but that the coalition is receiving the benefit of key individuals.

Often, participation from both top leadership and line staff is essential to achieving coalition goals. For example, a VPC member who directed the county's probation department had the clout to convene the other top leaders, such as the sheriff and the chief of police, to make decisions about procedures for child abuse cases. Counselors, who were more familiar with actual cases, also met regularly to identify problems of coordination between departments, discuss individual problems, conduct training, and propose solutions to the coalition's leadership.

Membership size

Consider the desired number of organizations and the diversity of membership when selecting organizations to approach about joining the coalition. A coalition developing a curriculum on boating safety may need fewer members than a coalition that is attempting to change community pool fencing ordinances, because writing curriculum is a less complex task than influencing policy.

STEP 3
DEVISE A SET OF PRELIMINARY OBJECTIVES AND ACTIVITIES FOR THE COALITION

In step one, the lead agency's objectives were examined. It is important to meld these objectives with the objectives of other members. Defining coalition goals and objectives and how to implement them requires the inclusion of all coalition members in discussions. Therefore, the lead agency will need to broaden and modify its objectives. A written mission statement can be a useful tool to achieve clarity about coalition goals. However, it is important to avoid getting too bogged down in the semantics of the statement early in the coalition's life.

Melding the objectives of the member groups

Some coalitions arise with a number of commonalities among the member organizations, minimizing the need to convince members of the benefits of the coalition. More typically, however, each member organization has its own goals, which may vary widely from those of other member organizations. It is important to create options that mutually satisfy the lead organization's objectives as well as the goals of other coalition members, to propose mutually productive activities, and to structure both objectives and activities in such a way that other coalition members feel included in the decision making process. The coalition's original objectives must be kept in the forefront of all planning at the same time that a balance is struck between those objectives and the concerns and interests of each member group.

Until trust is established, avoid issues and activities that will set up turf struggles or exacerbate existing turf issues between coalition member agencies. More importantly, the coalition should be careful not to become another competitor to its member agencies, but rather should play a complementary role. For example, the IPC did not publish a newsletter because doing so might reduce the subscriptions to the newsletter of the Safe Toys Association. Instead, IPC members wrote a monthly column in the Safe Toys newsletter and encouraged people interested in the IPC to subscribe.

Coalition goals and objectives

While dealing with long-term objectives over time, set some objectives that can be addressed by all member organizations more immediately. However, always keep the long-range objectives clearly in mind. "Far too often...the effectiveness of a coalition decreases as the breadth of its agenda increases."[7]

In some cases, broad goals can be accomplished best by joint activities with other coalitions, rather than by a single coalition. For example, the IPC, the VPC, and the Alcoholism Prevention Forum joined together on a media campaign focusing on the risks associated with alcohol abuse. While regular meetings of all of the coalitions in one broad group would prove unwieldy to the members, it was in everyone's interest to work cooperatively on a specific issue. At times, coalitions find it valuable to send representatives to one another's meetings and to have reports regularly included on one another's agendas.

Coalition activities

Develop a variety of well-defined activities that meet the needs of participating organizations and make use of the skills of coalition representatives. Identify some activities that will result in short-term successes, such as a press release announcing the organization's formation and purpose, or a report outlining the group's initial findings. These products increase members' motivation and pride while enhancing coalition visibility and credibility.

Initial successes can be achieved without massive effort. For example, information sharing is typically part of initial coalition meetings as members get to know one another. The VPC recorded descriptions of the types of services provided by each of its member organizations and distributed this information in an attractive chart format, thereby fulfilling the need for a simple inventory of member services.

There can be advantages in dealing with a myriad of issues since approaches to different types of injuries may be related to one another. Regardless of the breadth of issues, keep the original coalition objectives foremost in all planning, lest members lose interest or enthusiasm.

Bear in mind that what keeps a coalition going is the commitment of the individual representatives and the support of the organizations they represent. Generally, the more directly coalition activities relate to the specific objectives of the participating organizations, and the more each member is able to enjoy and be proud of their individual participation and contributions, the more the coalition will accomplish and the more it will flourish.

In some cases, coalition objectives or activities may be at cross-purposes with those of an individual organization. Based on these cross-purposes, one or another organization may elect not to participate in the coalition. It is important to find out why groups decline to participate. When forced to

◀ TIP: Well-Chosen Activities

Select activities that members will experience as successful—activities in which they have something unique to contribute. Make objectives compelling. Be sensitive to the fact that coalition work is not the main job of coalition members and keep assignments simple and achievable. Keep reminding people that it is okay to say no or to set limits.

choose between groups, encourage the coalition to select criteria that put the needs of the community's citizens first. This is appropriate at all times and cannot fail to win respect.

STEP 4
CONVENE THE COALITION

There are three ways that coalitions are typically initiated: 1) through a meeting; 2) at a conference; or 3) at a workshop.

To convene the coalition for the first time, hold a meeting of potential members. At this meeting, the lead agency should clearly define the purpose of the coalition, and members should specify their expectations. In addition, the invited organizations and their representatives should have a chance to introduce themselves, state what they see as their role in the coalition, and consider what their organization's interest is in participating in the coalition. Potential members should be given an opportunity to define what they perceive as the purpose and goals of the coalition and to recommend others who they think should be involved.

To succeed, the lead agency should arrive at the first meeting with a strong proposal for the coalition's structure, including its mission and membership. Although many components of a coalition's structure are negotiable, the lead agency should be clear about the particular elements that are not. While being specific about how the coalition will operate, the lead agency should also explain where there is room for modification based on member input. Furthermore, the lead agency should ensure that all participating organizations understand and agree with the definition they give to the coalition.

Of course, not all potential members will find the coalition worth their time and energy. Two determinants will be the specific activities the coalition chooses to undertake and the worth of the coalition as seen by the management of the member organizations. Therefore, once coalition activities are clarified, it is important to reconsider membership. Any well-designed coalition will be broad-based and may have different organizations participating in different activities. Nevertheless, the decision by an organization not to participate in the coalition may be an appropriate one from its perspective.

◀ TIP: Growing your Group

The notion that members of a coalition will self-select at a conference or workshop and form a viable coalition is wishful thinking. Workshops or conferences can sometimes be used to initiate a coalition. However, they will require more resources than a single meeting and will not produce the carefully selected membership that a planned meeting will. As a result, the likelihood that members will participate on a consistent basis is slim.

STEP 5
ANTICIPATE THE NECESSARY RESOURCES

Effective coalitions generally require minimal financial outlay for materials and supplies, but require substantial time commitments from people. The ability to allocate considerable staffing is one of the most important considerations for organizations providing coalition leadership.

Occasionally, the coalition can call upon its members for operational tasks. However, the lead agency generally provides the majority of staff time. Lead agencies may benefit by reallocating some of their staff time to coordinate coalition activities, because their investment is often repaid by the successes achieved by the coalition.

While staff time may be provided by many coalition members, it is important for the lead agency not to be too optimistic and to allocate a significant amount of its own staff time to the coalition. Preparation for coalition meetings requires substantial staff effort. To assure meeting attendance and success, extensive work must be done prior to the meetings, including agenda preparation and written and phone contact with the representatives. A coalition succeeds when staffing is adequate to handle the detail work.

It is important to recognize that coalition members' time is the most valuable contribution they can make. When this resource is discussed during coalition meetings, commitments are sometimes made in response to the enthusiasm of the meeting and seem less realistic when members return to their regular jobs. At other times, coalition members will fulfill their commitments but may resent the extra work. Both situations can have a long-term, destructive impact on the coalition. Periodic discussions about resources, support, and time limitations of the members can minimize potential problems. Also, it is important to re-evaluate the objectives and activities in order to monitor which are achievable given the coalition's staffing and resources, which may change over time. The more the coalition's objectives complement those of its member agencies, the less member time will seem like "extra" work.

Staff Demands on the Lead Agency

The lead agency should expect extensive staff time demands in the following seven areas:

1. **CLERICAL:** Mailings, typing minutes and agendas, making reminder calls, photocopying
2. **MEETINGS:** Planning agendas, taking minutes, locating and preparing the meeting site, planning facilitation, coordinating with the coalition's chairperson or steering committee, providing refreshments

◀ TIP: Division of Labor

Estimate how much of the footwork will be the responsibility of the lead agency and how much to realistically expect of members. Anticipate that members will not always fulfill their commitments. Be appreciative of what is done, rather than "moralistic" when people cannot accomplish everything they planned.

◀ TIP: Resource Calculation

When calculating the needed resources, estimate the number of hours per month required for each of these categories, and then multiply this total by two.

3. **MEMBERSHIP:** Recruitment, orientation, ongoing contact, support, and encouragement

4. **RESEARCH AND FACT GATHERING:** Data collection, process and outcome evaluation

5. **PUBLIC RELATIONS AND PUBLIC INFORMATION:** Development of materials, press releases, linkages to local reporters

6. **COORDINATION OF ACTIVITIES:** Special coalition events, media campaigns, joint projects

7. **FUNDRAISING:** Raising money and other resources

Financial resources

Financial concerns can be distracting, particularly to a new coalition. Although it may be costly to establish and maintain a coalition, particularly in terms of staff time, the cost of achieving overall results should be less than if the lead agency attempted to accomplish these same objectives on its own. Frequently, coalitions spend thousands of dollars of personnel time in order to raise much smaller amounts of cash. While raising small amounts of money may provide members with a sense of accomplishment, these efforts must be minimized. Furthermore, careful attention should be paid to minimizing financial obligations for members. For example, a conference held at a community site with volunteer speakers may be planned for a nominal cost. Additionally, five possible sources for supplementing coalition resources, whether in the form of cash or donated services, are the media, foundations, local service clubs, students and trainees, and volunteers.

MEDIA can be encouraged to provide information that reinforces coalition efforts. They also may be interested in printing and disseminating information on the materials produced by the coalition. A visibility campaign, using mass media (television, radio, newspaper) will help raise the coalition's profile and may help to promote the coalition to funders.

FOUNDATIONS usually give small amounts of seed money to coalitions because they value the opportunity to encourage cooperation and see it as a way to provide broad services at minimal cost.

LOCAL SERVICE CLUBS such as Soroptimists or Rotary like to contribute to broad-based community efforts. Also, they frequently have established links with some coalition members.

STUDENTS AND TRAINEES frequently seek skills in coalition building and may be interested in a trainee or internship program. Linkage with a university community college can be a cost-effective way to increase staffing.

VOLUNTEERS are often pleased to contribute many resources and are anxious to learn the skills related to coalition building that will serve their own charitable impulses and careers.

DEFINE ELEMENTS OF A SUCCESSFUL COALITION STRUCTURE

The technical details of the coalition's structure are vital to achieving success. As with other coalition considerations, it is important to have well-developed ideas as well as the flexibility to allow for input and modifications by coalition members. Structural issues to consider are: a) coalition life expectancy; b) meeting location, frequency, and length; c) membership parameters; d) decision making processes; e) meeting agendas; and f) participation between meetings. There are no set rules about how a coalition should be structured, but each of these six elements should be focused on thoughtfully.

A. Coalition life expectancy

The coalition's goals should dictate its longevity. Although an open-ended time frame may seem attractive to the lead agency, member organizations and their representatives often prefer coalitions with a specific life expectancy. For example, VPC members decided to meet every two months for two years to establish conflict resolution programs in all local school districts. The disadvantage of this approach is that some members may become dissatisfied if a decision is made to maintain the coalition after the specified time. Generally, it is best to meet two or three times to clarify potential coalition objectives, and then determine duration.

B. Meeting location, frequency, and length

Attention to meeting location(s), time of day, comfort of the site (size of room, lighting, chairs, ventilation, etc.), and regularly scheduled dates can all contribute to enhanced member participation. In addition, a time for refreshments prior to meetings, during breaks, or after the meeting provides an opportunity for less formal conversation and builds group cohesion and morale.

To promote an atmosphere of equal contribution, consider holding coalition meetings on neutral territory, such as the local library. Rotating the meeting to different members' sites can add interest, although at times meetings are delayed when people get lost or confused by varying locations.

Other than an ad hoc emergency situation—such as a legislative deadline—coalitions should not meet more frequently than once a month. In some cases, attendance levels are more likely to be maintained by meeting once every two months. When coalitions meet less frequently, members are generally more willing to participate in subcommittees between general meetings. However, coalition commitment and continuity can suffer when meetings occur less than once per month. Groups separated by distance will meet less frequently (e.g., quarterly). If some members travel a great dis-

◀ **TIP: Location & Schedule**

Poll members to see which times and locations present the least conflict in terms of both personal and work commitments. Avoid meeting times that cause members to face traffic jams and sites where parking is difficult. The next time they receive a notice about a coalition meeting, they should not think of the traffic as much as the content of the meeting.

tance, longer but less frequent meetings make the travel time a better invest-ment. Certain kinds of groups meet annually with subcommittee meetings and conference calls in between, but their effectiveness can suffer unless members are highly motivated.

Remember, people's time is valuable: generally, 1.5 - 2 hour meetings are best. Do not permit coalition meetings to run over the planned time.

C. Membership parameters

As Step 2 points out, membership is critical. Coalition members must decide to what extent new members will be included. How defined or open should the membership be? In many cases, a compromise solution in which certain people are recruited and encouraged, but no one is exclud-ed, is best. Open meetings lead to greater variability in attendance and a potentially unwieldy group, but this is generally of less concern than the danger of excluding, or creating the impression of excluding, important supporters. For example, conference organizers who invite only certain, specially selected people to attend may face significant backlash from oth-ers who feel that their participation in the conference would be valuable.

A large group can be "layered" so that effectiveness is maximized. For example, VPC executive directors met separately to discuss policy issues, and task forces were developed on school curricula and on state legislation, thereby reducing the number of general meetings.

Whether a broad cross-section or a more narrowly defined group of mem-bers is chosen, it is worth analyzing the potential contributions of various disciplines (e.g., churches, business organizations, local government, and school districts) in relation to the purpose and goals of the coalition. For example, the VPC initially consisted of service providers. After the VPC formed, the coalition membership decided to include church groups, police, women's associations, block associations, and interested citizens. This expansion better served the coalition's public education and policy goals.

It is important to consider to what extent organizations should be asked to join and become "official" members of the coalition. A general rule of thumb is not to seek official recognition (which typically means official action by the Board of Directors of a member organization) until the coali-tion has a clearly defined purpose or specific activities that would be strong-ly enhanced by this recognition. While official approval may add some clout to the coalition, a more loosely formed coalition will initially minimize the need for bylaws and formal decision making structures, which can prove cumbersome and pose an early barrier to cooperation.

More formalized membership procedures may become an issue when and if the coalition wishes to make public statements or endorse policy meas-ures. Individuals who are official members (e.g., with their names on the

◀ **TIP: New Blood**

New members add vitality to the coalition. While most coalition organizers focus on providing information on an individual basis when they start a coalition, they fail to recognize it's even more important as memberships change. Providing an orientation session for new members often reduces their need to interrupt coalition meetings to "catch up" with the topics.

coalition's letterhead) are more likely to be concerned about making public statements. Although a more deliberate decision making process, involving more time, will be required in order to take a stand on an issue, the resulting statement will have more credibility because it has more supporters. Official membership works best when the coalition is smaller and participating organizations are represented by "higher-ups" who can make decisions on the spot.

Due to the inter-organizational nature of coalitions, public statements can become very complicated, particularly those statements that individual members cannot make without the approval of their Board of Directors. Even when individual members agree on a statement, the difficulty in obtaining Board approval often impedes the possibility of making a public statement in a timely manner.

D. Decision making methods

In "Social Policy," S.M. Miller identifies good decision making procedures as key to coalition success. He recommends establishing a specific decision making process before problems occur. "You cannot count on stamina," he writes, "Make clear early in the life of the coalition...how decisions are going to be made."[8] It is important, however, that discussions on how decisions are made not become a barrier to coalition effectiveness. Sometimes coalitions become so involved in these kinds of discussions they lose track of their fundamental purpose. It may be helpful to ask if a particular decision making structure is vital to the functioning of the coalition. Bear in mind that some members may find lengthy decision making discussions distracting and, as a result, may decrease their attendance. Therefore, avoid discussions that are too detailed or cumbersome.

Decisions can be made by consensus. However, this process can become unmanageable. To avoid this, define consensus as an approach that the majority supports and others can live with. Health-based coalitions are usually happy to relinquish some of the detailed decision making in exchange for simplicity and reasonable results. On the other hand, sensitivity must be exercised, especially on "charged" issues, such as decisions related to money, policy, and turf. There will be cases in which consensus cannot be reached and the group must either vote or accept that there will be no action on a certain issue. Sometimes having the group clarify in advance the kinds of issues that are charged (e.g., grants, turf, or legislation) will help to avoid problems later.

◄ TIP: Public Statements

Sometimes the positions of the coalition can be kept at "arm's length." For example, a letter may state that the coalition's position represents the opinion of the majority of participating groups, but does not necessarily reflect the position of any particular organizational member or group.

◄ TIP: Staying Focused

Coalitions often gravitate toward discussing their own internal workings and processes rather than resolving the community issue they came together to address. Avoid this "identity crisis." Though some coalition decisions require a group process to reach "closure," the true purpose of the coalition must not get lost.

E. Meeting structure

One of the most important ingredients for an effective coalition is a good meeting agenda. A clear agenda structure, which may be modified by those present at the beginning of the meeting, can reinforce the coalition's purpose and foster collaboration. To achieve such positive results, the agenda must be carefully planned and, ideally, should be distributed prior to the meeting.

A regular agenda format will help the coalition be focused, giving members a sense of direction and momentum. Different formats will work better for some groups, but most agendas begin with agenda modification, a review of the previous meeting's minutes (if minutes are kept), and introductions, "check-ins," or announcements. Many meetings conclude by evaluating the meeting, setting a date for the next meeting, and listing items for the next meeting's agenda.

The heart of the agenda will vary between groups depending upon their missions and the role of members identified in the structure of the coalition. For instance, a focus on legislation would require a place on the agenda for updates on policy efforts, while a group that is concentrating on community outreach and education might have a section on the agenda for "community action." Large, broad-based coalitions may have a variety of committees, and therefore a section for committee reports would be important. Inviting guest speakers or adding presentations by coalition members can enliven the agenda.

The lead agency, or whoever is responsible for developing the meeting's agenda, needs to discuss with the meeting facilitator how the agenda should be organized. They should anticipate which topics could generate controversy, who should lead the discussion on each item, which items require a decision, how much time should be allotted, and what the best "process" for each item would be (e.g., brainstorm, small group discussion, refer to committee, report only, etc.).

The agenda that is distributed to members prior to a meeting is often just an outline, with suggested times for each item. The facilitator will bring an annotated agenda with notes about who will guide each section, what process will be used, and any other notes that will ensure that the meeting moves smoothly through the agenda in the allocated time. For long meetings, or meetings where the agenda is substantially altered from what was initially distributed, the facilitator may write a revised agenda on butcher paper taped to the wall. Bringing materials like pens, butcher paper, audio visual equipment, and tape is generally the lead agency's responsibility, but these materials may also be provided by staff at the meeting site.

A consistent agenda helps people feel "at home" in a meeting. They know what to expect and where to best fit in the comments they want to make.

F. Participation between meetings

Successful coalitions generally have active planning groups or subcommittees, formal and informal, which carry out coalition activities. Based on time constraints, commitment, and relevance to their organization's own objectives, different members may show markedly different levels of involvement.

Unless coalition objectives are closely related to the objectives of the membership, it is not wise to expect more than a few hours of additional commitment between meetings. Often members have less time available than what is realistically needed to make a coalition work. Be sensitive to the fact that coalition work is not the main job of coalition members. Some people volunteer far more than is appropriate both because of their enthusiasm at the time and because there may be group pressure for everyone to contribute. Keep reminding people that it is okay to say "no." Remember that coalition members will not always fulfill their commitments. The more directly coalition activities are related to the specific objectives of the participating organizations, the more the coalition will accomplish and flourish.

It may be helpful to encourage the most active participants in the coalition to form a steering committee, which provides leadership by discussing long-range goals and the steps and strategies to achieve them. A steering committee often works well as an informal open body. For example, lunch meetings between coalition sessions can bring together key participants and allow them to provide their best input while increasing their buy-in. Members of a steering committee may be selected by the group as a whole or, in less formal situations, the lead agency may encourage members to attend the lunch meetings. It is important to not exclude anyone from participation. Coalitions are not just for fun, but when members enjoy working together, the coalition can achieve more of its objectives.

One of the main concerns organizations voice when participating in coalitions is that the coalition utilizes too much staff time, which is at a premium in this era of cutbacks in health and human services. Hence, the simpler the design of a coalition, the better. Furthermore, encouraging members to participate in activities of their own choosing minimizes the possibility of some members over-committing their time and burning out.

In all areas of coalition "anatomy," the same rules apply: minimize complications, maximize relevance, and encourage participation.

◀ TIP: Good Food

Nothing is better for coalition morale than healthy refreshments!

Coalition building is a craft, requiring broad vision and careful attention to detail. Leadership in coalition building requires knowing not only how to create a coalition structure, but also how to recognize the warning signs of problems that may arise. The ability of coalition leaders to do both will greatly increase the coalition's chances for success. It is important for leaders to work hard at maintaining the vitality and enthusiasm of the coalition.

Warning signs may be difficult to recognize because even the most successful coalition has ebbs and flows. By dealing with potential problems as they emerge, however, the vitality of the coalition can be maintained. For example, at the June VPC meeting, a member noticed that attendance had decreased again. In fact, two subcommittees had no reports because hardly anyone had attended the meetings. The member said that he was too worried about his agency's budget to do anything to help solve the attendance problem. VPC members were not able to fix this fundamental problem, but did discuss it and decided to reduce coalition objectives and lengthen the coalition's timeline. In addition, the VPC sent a letter to the Board of Supervisors decrying the negative impact of the budget cuts and asking the Board to reinstate funds to the agencies. In addition, the VPC focused its summer meeting specifically on a budget forum and postponed subcommittee meetings to conserve member time and resources.

Several activities that are important for maximizing coalition vitality are described below. These include: noting and addressing coalition difficulties; sharing power and leadership; recruiting and involving new members; promoting renewal by providing training and by bringing challenging, exciting new issues to the group; and celebrating and sharing successes.

Addressing coalition difficulties

One clear indication that a coalition is having difficulties is a decline in coalition membership. While earlier warning signs are less obvious, they might appear as: repetitious meetings or meetings that consist primarily of announcements and reports; meetings that become bogged down in procedures; significant failures in follow-through; ongoing challenges of authority and/or battles between members; lack of member enthusiasm; or an unacceptable drain on lead agency resources as a result of attempts to bolster the coalition.

"Coalition artists" must watch for warning signs, be aware of the conditions that can have a negative impact on coalition effectiveness, and constantly work to minimize the difficulties. The most common difficulties include: 1) poor group dynamics, including unnecessarily draining decision making and "power dynamics" such as tension over leadership, decisions, or turf; 2) membership/participation concerns such as a difficult agency or member,

◀ **TIP: Maintaining Vitality**

A group attempting to coordinate services or embark on a joint advocacy effort should expect more pitfalls than a group formed solely for the purpose of information sharing, as the former tasks are more complex and demand more commitment.

changes in the needs of participating agencies, shifts in staff assignments, changes in available resources, or member burnout; 3) coalition emphasis on too many long-term goals without short-term objectives to generate short-term wins that add energy to the group; 4) ineffectiveness in achieving coalition activities due to inadequate planning or resources; or 5) changes affecting the coalition's mission, such as new legislation that has an impact on the objective reality of the issue the coalition was formed to address.

Although the lead agency will not always be able to overcome these challenges, effective management of the problem is an essential first step. The lead agency should identify and respond to significant problems, issues, or changes that appear to impede the coalition. It is the lead agency's responsibility to bring identified problems to the attention of coalition members and to encourage collaborative solutions. The most valuable source of information about negative coalition conditions is input from the coalition members themselves. Therefore, it is crucial to maintain open communication among the members so that problems surface quickly. Furthermore, it is important to be flexible regarding how objectives will be met.

Sharing the power and leadership

Many coalition members will readily defer power to the lead agency in order to facilitate smooth functioning. However, if the coalition solidifies as an independent entity and develops a body of work that it performs or creates collectively, members will expect greater involvement in decision making. It is at this point that the coalition becomes a more independent group and requires less guidance from the lead agency.

Ironically, the characteristics which indicate a strong coalition—a heightened sense of collective identity and a high degree of interest in and commitment to work which is developed collaboratively—can also exacerbate tensions in defining the direction of the coalition. It is important to deal with these issues directly. Negotiating issues of a power imbalance in decision making, especially when a coalition has achieved this state of maturity, requires sensitivity and may require setting aside extra time to clarify.

Recruiting and involving new members

Membership changes are to be expected. Sometimes an organization's mandate will change; other times staff members simply have personal interests and priorities that draw them away from the coalition. It is worthwhile to develop new leadership and support periodically. Distributing coalition minutes and information widely outside the coalition is one way to inform a broad group of potential members. New members add energy and enthusiasm to the coalition's ongoing activities. Attention must be paid to ensure that they are wel-

Maintaining open communication means not just talking to the people who do come to meetings—but the people who stopped. It may take probing to find out what their real concerns are.

comed and oriented to fulfill vital functions on the coalition. It is important to attend to the ways that the coalition can be inclusive, as many people leave coalitions after one or two meetings because they feel that they have nothing special to offer. An invitation to join a subcommittee can be helpful.

Promoting renewal by providing training and by bringing challenging, exciting new issues to the group

Coalition building and injury prevention each require their own set of skills, and some members will be more experienced than others. Every member will bring to the coalition his or her own perspective. Therefore, a broad framework, a common vocabulary, and a set of principles for preventing injury must be presented early on in the coalition's formation. Remember, too, that new members will need to be brought up to speed. Further training, encouraging coalition members to attend conferences, and bringing in guest speakers can be helpful. This approach will ensure that members share the big picture of the problem as well as the underlying philosophy of the coalition. Everyone involved in the coalition, both lead agency staff and members, can and will benefit from training, consultation, and the opportunity to discuss what is and is not working.

Coalition work is frustrating and exhausting at times. Therefore, retreats, trainings, opportunities to discuss coalition building with others, and recognition of lead agency staff are all essential in preventing burnout. Recognizing that lead agency staff are a critical resource required for coalition effectiveness, it is important to provide them with support and encouragement. Lead agency staff and coalition members need exposure to new information on their chosen issue in order to stimulate creative ideas and to reinvigorate coalition efforts.

Celebrating and sharing successes

Maintaining morale and a sense that the coalition is playing a vital role in addressing the problem are essential. Too often, coalitions focus on problems and next steps without pausing to appreciate their accomplishments. Keys to boosting coalition morale include implementing effective activities that result in tangible products, giving coalition members credit for coalition successes, celebrating short-term successes with publicity or awards, re-examining objectives, and taking a brief respite from coalition meetings and activities.

STEP 8
MAKE IMPROVEMENTS THROUGH EVALUATION

Coalition evaluations can provide the assigned staff person, lead agency, and coalition members with important feedback. Components of coalitions that should be evaluated include objectives, activities, processes, and unanticipated events. By assessing the processes, outcomes, and impacts associated with coalition activities, staff can improve their outreach and coordination skills, and members can determine which strategies help the coalition achieve its ultimate goals most effectively. The results, if positive, can also help the coalition improve its reputation within the community and can be included in future resource development proposals. Furthermore, when a coalition modifies its efforts to eliminate problems pinpointed by an evaluation, the coalition's credibility can improve significantly.

Coalitions can employ two basic types of evaluation, formative and summative evaluations. Formative evaluations focus specifically on the coalition's process objectives. For example, a coalition may want to encourage the media to promote bicycle safety. A formative evaluation would analyze the process by which the coalition attempted to achieve this goal. Questions in the formative evaluation might include: How many members actively monitored the local media on a regular basis? How many times did staff and members meet with local media representatives to encourage safe bicycling pictorials? How many times did the coalition submit press releases or letters to the editor? The results of formative evaluations help staff and members improve the functioning of the coalition.

Summative evaluations help coalition members to determine whether or not the coalition's strategies resulted in the desired consequences. Summative evaluations help assess both outcome and impact objectives. To evaluate outcome objectives in the example described above, a summative evaluation would include questions like the following: Did the local media organizations that the coalition contacted change their practices to include photos of safe bicycling? How many coalition-sponsored activities received coverage in the local press? To assess impact objectives, the summative evaluation might include a component that analyzed changes in parents' and children's attitudes and behaviors after reading coverage of coalition activities. Were parents, for example, influenced to purchase bicycle helmets after reading the coalition's articles? The answers to summative evaluation questions help coalition members make strategic decisions about strengthening promising interventions and discontinuing ineffective ones.

Evaluating coalition efforts is not simply a matter of evaluating the effect of the coalition's planned activities on injury prevention. What can be overlooked are the myriad effects a coalition can have, whether it achieves its stated goal or not. Because coalition building stimulates a variety of interventions and activities, evaluation results must be interpreted thoughtfully.

Meaningful evaluation should increase the effectiveness of the coalition process as well as enhance the outcomes of the coalition's work.

Critical to any evaluation planning is the documentation of unintended successes. For example, as a result of the VPC's training on school-based violence prevention, the state's health education curriculum was revised to include violence prevention. This was an unanticipated result of the coalition's efforts that was nevertheless quite significant.

Furthermore, a coalition's visibility may increase public awareness and the community's perception of the problem. For example, a toy store manager who read about IPC's pedestrian safety campaign in the newspaper encouraged the toy store's corporate headquarters to sponsor the campaign in its stores. For a limited time, all customers received free bumper stickers encouraging safe driving practices. These examples represent the types of side effects that often occur as a result of coalition efforts. Other spin-offs might include liaisons between agencies that previously had not worked together, increased rates of cross referral, and improvements in the skills and morale of coalition participants. These effects can augment more formal evaluation results, thus enhancing the coalition's sense of effectiveness and legitimacy. Sometimes these results are difficult to judge. A new coalition may experience "textbook success" or "textbook failure." But usually not all of the outcomes could have been predicted at the initiation of the effort. Therefore, all facets of coalition life must be taken into account in a summation of efficacy.

Evaluation is an ongoing process throughout the life of a coalition. Every major coalition event should be evaluated. Surveys of coalition members will give lead agencies an idea of the level of involvement of each member. It is ideal to evaluate whether or not further collaboration between members may occur in addition to their participation in the coalition. This information may be especially useful for formative evaluations. Likewise, simple pre/posttests and satisfaction surveys work well for trainings, courses, and conferences. Content analysis of meeting agendas, minutes, and attendance lists will help determine if process, outcome, and impact objectives were met and will help identify unintended successes. Taking the time to evaluate the effectiveness of coalition efforts is a way of acknowledging that the skills and contributions of coalition members are important. Honest reflection also assures that the coalition grows from its experiences, regardless of the programmatic outcome.

Evaluating a coalition can lead to changes in a coalition's approach. In addition, evaluation can increase a coalition's effectiveness and can assure that the community and participants benefit from the coalition's activities. Coalition evaluation is a newly emerging field, and more work needs to be done. However, the availability of evaluation tools is increasing, and current evaluation efforts are strengthening the ongoing work of coalitions.

CONCLUSION

Coalitions do not last forever. Sometimes a coalition can be repaired, and sometimes, the effort to do so is not justified. Be ready to dissolve a coalition if it does not achieve satisfactory goals or if it is no longer effective. Sometimes it is best to walk away with a handshake and a smile. At other times a celebration at the conclusion of a successful campaign is a great way to acknowledge the relationships forged during the life of the coalition.

Remember, virtually every carefully crafted coalition will have an impact. "An effort may fail, then partially succeed, then falter, and so on. Since mutual trust is built up over a period of time, coalition organizers should avoid getting so caught up in any one effort as to view it as 'make or break.' Every effort (at cooperation among groups) prepares the way for greater and more sustained efforts in the future."[9] Coalitions consist of people. Therefore, shared efforts leave us with surprises, memories, and mutual respect.

ENDNOTES

1 The Violence Prevention and Injury Prevention coalitions (VPC and IPC) do not actually exist. They do, however, consist of composites of actual groups that have been selected to elucidate the discussions.

2 Alexis de Tocqueville, *Democracy in America*, Vol. 2 (1840).

3 Developed by the Prevention Program from the work of Marshall Swift, Ph.D., Hahnemann College, Philadelphia, PA. A paper, "The Spectrum of Prevention," and a video demonstrating this methodology, "Beyond Brochures: New Approaches to Prevention," are available through the Prevention Program.

4 Lynn Oppenheim, Wharton Center for Applied Research, as described in *New York Times* article by Daniel Goleman, "Why Meetings Sometimes Don't Work" (June 7, 1988):B1.

5 William Riker, "The Theory of Political Coalitions" in Weisner, *Notes on Policy and Practice*, Yale University Press, New Haven, CT (1962).

6 A paper addressing turf is available from the Prevention Institute website at www.preventioninstitute.org

7 Terry R. Black, "Coalition Building: Some Suggestions," *Child Welfare*, Vol. LXII, #3, (May, 1983): 266.

8 "Coalition Etiquette: Ground Rules for Building Unity," *Social Policy*, Vol. 14, #2 (Fall 1983): 49.

9 Cherie R. Brown, "The Art of Coalition Building: A Guide for Community Leaders," published by the American Jewish Committee (1984).

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http://ctb.ku.edu/tools/enhancecompetence/inde.jsp

Our Mission:
Promoting community health and
development by connecting people,
ideas and resources.

Wednesday | April 6, 2005

TOOLKITS

Enhance Cultural Competence:

<<< BACK TO MAIN LISTING

A culture is defined as a group or community that shares common experiences that shape the way they understand the world. The organizations and communities within which we work are becoming increasingly diverse - made up of people and groups with experiences and histories different from our own. These differences are a source of valuable perspective and strength, but they can also lead to misunderstanding and poor communication that may hinder our effectiveness. This part of the CTB provides a framework and support for assessing and enhancing cultural competence in you, your organization, group or community.

Available support includes:

- Outline for Enhancing Cultural Competence
- Narrative Outline for Enhancing Cultural Competence (with links to how-to sections of the Community Tool Box)
- How-to Information on Enhancing Cultural Competence
- Learning Community on "Enhancing Cultural Competence" - Learning through online exchanges with others doing this work
- Other resources and links related to Enhancing Cultural Competence

HEALTHY COMMUNITIES TOOL KIT

Nutrition & Physical Activity

PLANNING PROCESS

☑ *Lessons learned*

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

PLANNING PROCESS

- The planning process takes longer than you think. It's important to be patient, flexible with your time lines, dogged in your approach, and above all trust the process will work. It is worth the time and effort.

- This is an ambitious undertaking and there has to be recognition that not all communities have the funds, community capacity or commitment that were available in Moses Lake and Mount Vernon.

- There needs to be resources such as some funding and technical assistance to accelerate the planning process; without it the process might take longer.

- Each community needs a catalyst: for example a funding opportunity or a mayor who is willing to use his values and position to take action.

- To be successful there needs to be a long-term commitment from community leaders and a strong partnership between city government and the Healthy Communities Project.

- Choose a project or activities early on where you can be successful. The community is watching what you are doing. The small successes help build credibility and you can continue to build on these successes.

- Try to keep the advisory meetings short; no longer than two hours. We provided food which was greatly appreciated. It's important to finds ways for people to participate and be engaged in an active way during the meetings. People get bored if they are just presented information and data all evening long.

- Working on policy and environmental change might be new to a community; spend time educating key stakeholders why the focus is on policy and environmental changes.

- It helps if you can provide stipends or other incentives for people to participate.

Mount Vernon Healthy Communities Project
Planning Process: How Decisions Were Made

The City of Mount Vernon convened a small group of key community stakeholders to meet with the project planning team. They established recruitment criteria for the project advisory committee and brainstormed a list of community members that they identified as being strategic for the success of the project. Following this meeting, community leaders and residents were recruited to serve on the Mount Vernon Health Communities Project (MVHCP) Advisory Committee. MVHCP volunteers were asked to make a six-month commitment to serve on the committee with the goal of creating the project action plan. The three goals that guided the planning process were:

1. To build partnerships and opportunities for collaboration across a large, diverse group of community leaders and partners with experience and expertise in nutrition and physical activity as well as community-based efforts.
2. To promote understanding and identification of factors which affect nutrition and physical activity choices in Mount Vernon using a comprehensive community assessment of beliefs and attitudes as well as existing nutrition and physical activity programs, polices, and resources.
3. To support community efforts for improving nutrition and physical activity through environmental and policy change.

With these goals in mind, the committee worked to assess Mount Vernon's resources, opportunities, and barriers to healthy nutrition and physical activity, participated in planning meetings, created the contents of the Mount Vernon Healthy Communities Action Plan, and conducted public meetings to gather community input on the draft plan.

The framework that the advisory committee used to develop the action plan included the *Washington State Nutrition and Physical Activity Plan: Policy and Environmental Approaches,* information provided by the project partners, a community inventory, and results of four focus groups and interviews with a wide range of community members.

The resources and tools in this chapter were developed and used as part of the planning process that culminated in the Mount Vernon Healthy Communities Action Plan.

Criteria for Choosing Community Issues

- Is the issue winnable?

- Is it urgent or immediate?

- Is it of long-range significance?

- Does it have broad appeal?

- If it doesn't have broad appeal, for what group(s) does it have appeal?

- Is it important?

- Is its impact city-wide (county)?

- Can it be used to involve people in your community?

- Is it non-divisive among your community?

- Is it specific?

- Can it be used to develop leadership?

- Can it be used to develop capacity in the community to do other prevention work?

Adapted from the Citizens Action League (9/04)

Quick guide to writing goals and objectives

Goals

Goals are broad, brief statements of intent. They can be a guiding dream, ideal, desired change, or vision for which the project aspires to or strives for in the future

- · Provide focus / direction for work
- · Non-specific, non-measurable, not tangible

Example Goal Statements

- · Increase the number of Mississippi children enrolled in early childhood education programs who eat breakfast.
- · Strengthen community health by improving access to health and medical services.
- · Increase the proportion of adults and children whose diets reflect the Dietary Guidelines for Americans.
- · Increase the proportion of adults and children who meet the physical activity recommendations.

Objectives

Objectives are meant to be realistic targets for the program or project. They can also be defined as <u>measures of success</u>. They are the steps one takes to achieve the goal of the program or project and assist in determining the success of the program or project.

- · Objectives provide realistic **steps to attain the Goal**:
- · Objectives should be specific, measurable and attainable
- · Objectives should also:

  1) State the desired results;
  2) Identify a target population;
  4) Use numerical targets;
  5) Identify a target date for completion; and
  6) Be achievable with available resources

- · Types of objectives
  - o **Process objectives:** tell what you are doing and how you will do it; describes participants, interactions and activities (<u>short term</u>)

o **Outcome objectives:** tell what the <u>long term</u> implications of your program will be; describes longer term impact on community; usually refers to health conditions (e.g. hypertension), behavioral measures (e.g. breastfeeding rates, rates of smoking), or levels of mortality, morbidity, and/or disability.

Example Process Objectives (1 year or less)

· All vending machines in Mount Vernon schools will offer healthy food and beverage choices during the 2005-2006 school year.

· The Schools Out Action Committee will meet six times between February and May 2004 to plan for summer activities for Arizona youth.
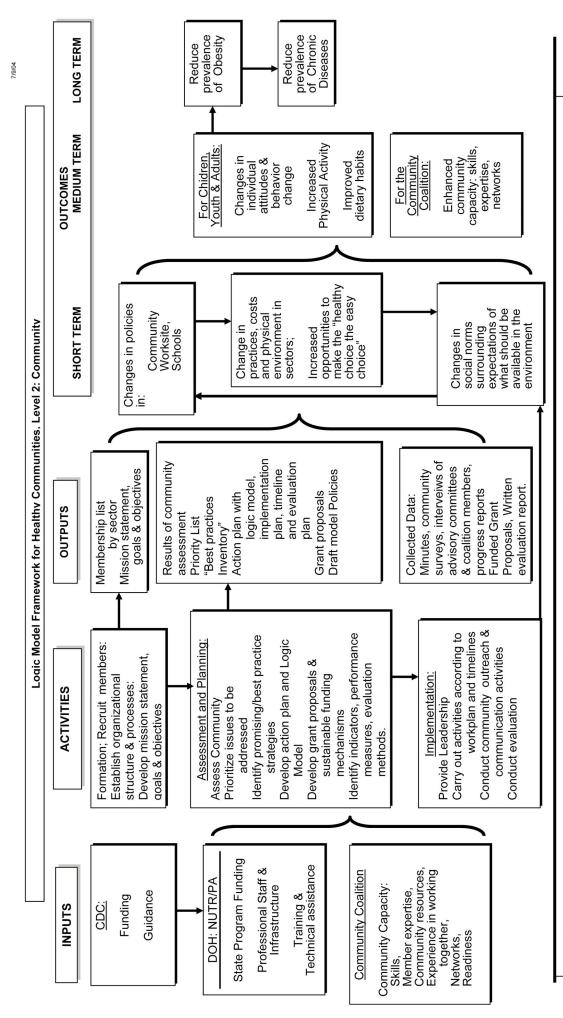
Example Outcome Objectives (2-5 years)

· By December 2005, the initiation rate for breastfeeding in Ogden County Arizona among Latinas will increase from 25% in 2003 to 50%.

· By December 2010, the percent of Mount Vernon students who are overweight will decrease from 19% in 2004 to 15%.

· By December 2008, the percent of Mount Vernon residents who are physically active a minimum of five times a week will increase from 35% in 2004 to 50%.

Revised: 19-Oct-04

Logic Model Framework for Healthy Communities. Level 2: Community

INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM	OUTCOMES MEDIUM TERM	LONG TERM

INPUTS

CDC:
Funding
Guidance

DOH: NUTR/PA
State Program Funding
Professional Staff & Infrastructure
Training & Technical assistance

Community Coalition
Community Capacity:
Skills,
Member expertise,
Community resources,
Experience in working together,
Networks,
Readiness

ACTIVITIES

Formation; Recruit members:
Establish organizational structure & processes:
Develop mission statement, goals & objectives

Assessment and Planning:
Assess Community
Prioritize issues to be addressed
Identify promising/best practice strategies
Develop action plan and Logic Model
Develop grant proposals & sustainable funding mechanisms
Identify indicators, performance measures, evaluation methods.

Implementation:
Provide Leadership
Carry out activities according to workplan and timelines
Conduct community outreach & communication activities
Conduct evaluation

OUTPUTS

Membership list by sector
Mission statement, goals & objectives

Results of community assessment
Priority List
"Best practices Inventory"
Action plan with logic model, implementation plan, timeline and evaluation plan
Grant proposals
Draft model Policies

Collected Data:
Minutes, community surveys, interviews of advisory committees & coalition members, progress reports
Funded Grant Proposals, Written evaluation report.

SHORT TERM

Changes in policies in:
Community
Worksite,
Schools

Change in practices, costs and physical environment in sectors;
Increased opportunities to make the "healthy choice the easy choice"

Changes in social norms surrounding expectations of what should be available in the environment

OUTCOMES MEDIUM TERM

For Children, Youth & Adults:
Changes in individual attitudes & behavior change
Increased Physical Activity
Improved dietary habits

For the Community Coalition:
Enhanced community capacity: skills, expertise, networks

LONG TERM

Reduce prevalence of Obesity

Reduce prevalence of Chronic Diseases

Washington State's Contextual Influences: strong existing system of childcare health consultation, high rates of food insecurity, high rapidly rising obesity rate, strong existing community-based PA and nutrition efforts

Mount Vernon Nutrition & Physical Activity Project – DRAFT 2004 Project Timeline

Activity	January	February	March	April	May	June
Preliminary Meetings with potential partners & stakeholders						
Start/contract local project coordination --	01/15/04 Select coordinator Contract in place					
Advisory Committee (AC) Recruitment – Talking points for verbal invitations	X					
Verbal invitations To potential AC members		X				
Confirmation Letters From Health depart to new AC members – request participation at Feb kick-off; to include orientation packet w/project background		X				
Press Release			Announce project and kick-off event			Public Review Draft Available + Open Forum
Baseline Inventory – Environmental Audit			X	X Planning group reviews findings		
Summaries – Focus Groups			X			
Agenda /Orientation mailed to AC		X	X	X		
Advisory Committee – • Project/Partners • Goals • State Plan • Roles/Responsibilities • Sub-Committees • Inventory/Environmental Audit • Summaries – Key Informants/Focus Groups • Evaluation Desired		**#1 Feb 23 rd** • Info • Tools	**#2 March 25th** ▪ -review assessment	**#3 April 29th** ▪ Decisions ▪ Evaluation		
• Attend public events **Public Events**			Kick-of event: walkability survey		Review/Comment on Draft Plan	June 3rd Public meeting/comments

Mount Vernon Nutrition & Physical Activity Project

Planning Team Purpose and Responsibilities

Purpose

The purpose of the planning team is to assume lead responsibility for organizing and facilitating all aspects of the project that will make environmental and policy changes in order to improve the nutrition and physical activity lifestyles of Mount Vernon residents.

The Planning Team will consist of representatives from the following agencies:

- Washington State Department of Health
- City of Mount Vernon
- Skagit County Department of Health
- National Park Service – Rivers, Trails & Conservation Assistance Program
- University of Washington

Responsibilities

Planning team member responsibilities will include, but are not limited to, the following:

- participate in conference calls and other meetings to develop project timeline
- plan agendas and logistics for upcoming meetings (advisory committee meetings and public events)
- gather and organize background information and/or documents
- facilitate completion of the 'Mount Vernon Environmental Scan' (documentation of existing program and facility resources)
- coordinate 'to do' lists and share workload responsibility
- prepare written and graphic presentation materials
- manage public relations and media outreach
- facilitate meetings
- engage various stakeholders in conversations about the project (personal visits, phone calls, etc)
- assure that the evaluation of both the planning process and eventual actions are meaningful to both stakeholders and residents of Mount Vernon.

Mount Vernon Healthy Communities Project

Advisory Committee Purpose and Responsibilities

Purpose

The purpose of the advisory committee is to represent various community interest groups in a project that will make environmental and policy changes in order to improve the nutrition and physical activity lifestyles of Mount Vernon residents. The Washington State Department of Health developed a statewide plan for nutrition and physical activity that focuses on policy and environmental approaches. One component of that plan is to provide technical assistance to interested communities in a project to select from a 'menu' of possible actions, implement those actions and monitor the results.

The advisory committee members will participate in a series of meetings between February and June designed to:

- inform and educate them on the background and purpose of the statewide nutrition and physical activity plan.
- provide thorough information on the 'action' recommendations in the statewide plan
- discuss, evaluate, and choose actions that are appropriate to implement in Mount Vernon
- document baseline information on existing policy, program and facility resources related to nutrition and physical activity
- provide input and advice on approaches to evaluation of planned actions that would be meaningful to residents of Mount Vernon.

Responsibilities

Advisory committee members will be asked to attend 3 advisory committee meetings and 2 public meetings over the next 4 months. These meetings will occur in the evening and should last approximately 2 hours each.

During advisory committee meetings members will be learning about the content of the statewide plan, assisting in documenting existing conditions, choosing actions to implement in Mount Vernon, and providing advice on approaches to evaluating the effectiveness of actions selected.

The first public meeting will be a 'kick-off' type event to announce the project to the community and local media. The second will be a public event near the end of the project to let the community and media know about the actions that have been selected by the advisory committee and what to expect next. Advisory committee members will be identified by name in press releases and at the public events.

Agenda

Mount Vernon Healthy Communities Project
Start Up Meeting

January 15, 2004

Welcome/Introductions
Goal of Mount Vernon Healthy Communities Project - Peter

Purpose /desired out come of today's meeting - Liz
- ❖ To get your expert advise on who to involve in the Mount Vernon Healthy Communities Project Advisory Committee
- ❖ To agree on the best strategies for engaging them in the project.

Background and overview of MVHCP/link to state plan and focus on environmental and policy change - Kyle

Healthy Communities Project partners
- Mount Vernon Department of Health - Peter
- City of Mount Vernon - Jana
- WA State Department of Health - Kyle
- University of Washington - Caroline
- National Park Service - Michael

Agree on purpose and scope of advisory committee - Ruth

Criteria for selecting committee members - Liz

Identify potential members – Liz/Ruth

How to engage/recruit advisory group members – Liz/Ruth

Set first advisory meeting date - Peter

Mount Vernon Healthy Communities Project Advisory Committee Meeting
Monday, February 23rd
5:30 – 8:30 pm

5:30   **Dinner buffet**

6:00   **Welcome and introductions:**

6:15   **Awareness and Information Sharing**
- Purpose of tonight's meeting

- An opportunity for Mount Vernon to address the public health problem of obesity

- Role of partners
  - City of Mount Vernon
  - Skagit County Department of Health
  - University of Washington
  - National Park Service
  - WA State Department of Health

- Scope of the problem:

- Policy and environmental approach to promoting physical activity and good nutrition

- Outcome: an action plan for Mount Vernon: diverse approaches reflective of community priorities

- Identifying goals and objectives and role of stakeholders

- Project timeline

- Questions and clarifications

7:15   Stretch break

7:25   **Assessment of Mount Vernon Community**
- Importance of community assessment
- Your opinion counts

8:00   **Roles and Responsibilities of the Advisory Committee**

8:30   **Adjourn**

Next advisory meeting dates: March 25th, April 29th

Mount Vernon Healthy Communities Project
Community Advisory Meeting
Thursday, April 29, 2004

5:30 – 8:15 pm

5:30   Dinner Buffet

5:45   Introductions and welcome

5:55   Clarifying data and information questions raised at last meeting

6:05   Committee response to data and information collected

6:20   Small and large group discussion on priority recommendations
- Nutrition
- Physical activity

7:20   Selecting priority recommendations: every vote counts

7:25   Break

7:35   Small group discussion of activities to carry out priority recommendations

8:00   Selection and role of plan subcommittee

8:15   Adjourn

Mount Vernon Healthy Communities Project
Community Advisory Meeting
May 27, 2004

5:30 – 8:30 pm

Meeting objectives:
1. Share, discuss, and obtain feedback on objectives and actions steps for each of the three priority recommendations
2. Discuss next steps including public hearing and future role of advisory group

5:30   Dinner Buffet

5:45   Introductions and acknowledgement subcommittee's good work

6:00   Subcommittee reports and discussion/feedback
- Ensure that schools K-12 provide healthy foods and beverages: Judy and Suzanne

- Utilize urban planning approaches- zoning and land use- that promote physical activity: Diane and Elizabeth

- Encourage policies that provide K-12 students with opportunities for physical activity outside of formal physical education classes: Rick and Larry

8:00   Next steps
- Public hearing: June 3rd
- Community kick-off
- Future role of advisory group

8:25   Evaluation

8:30   Adjourn

HEALTHY COMMUNITIES TOOL KIT

Nutrition & Physical Activity

Healthy Communities
Moses Lake

Moving Together

COMPLETING AN ACTION PLAN

✓ Lessons learned

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

COMPLETING AN ACTION PLAN

- The action plan works when it is based on the community assessment including the community audit and focus group findings.

- The action plan generated a lot of energy for those who are action-focused.

- Discussing and choosing the priority actions in the plan helped people feel that the plan would impact policy and make a difference in the health of the community.

- Our action plan was linked to some of the other successes we've had in our city and the information we collected.

- It was crucial that we had progressive, competent volunteers in our community who made the action plan a reality.

- We have lots of community resources such as service organizations who will step up and take on some of the actions described in the plan.

- The community kick-off event should be a visible way for community members to learn about and comment on the action plan.

- It is important to share the action plan with the city council with the mayor's support early on. In this way the action plan can be adopted into the city's comprehensive plan.

- The actions selected in the plan need the support of the larger community including city government so the plan doesn't sit on a shelf gathering dust.

- It can be difficult for a community to realize that it can't take on all the priorities. They had to postpone projects that some in the community felt were very important.

Mount Vernon Healthy Communities Project: An Action Plan to Promote Nutrition and Physical Activity

Comment Card

Please provide your comments about the draft action plan:

Healthy Food in Schools _____
_____
_____

Urban planning to promote physical activity _____
_____
_____
_____

Physical activity opportunities for children
_____
_____
_____

General comments: _____
_____
_____

Get involved:
If you would like to volunteer or sponsor these projects please complete the information below:

Address:
Name: E-mail:
Phone:

Who else should we contact to be involved: Name: Phone:

Thank you!

Healthy Communities Moses Lake:

An Action Plan to Promote Nutrition and Physical Activity

November 2002

Why Nutrition and Physical Activity?

Chronic diseases account for 7 of every 10 U.S. deaths and for more than 60% of medical care expenditures. Much of chronic disease is preventable. Unhealthy eating and physical inactivity contribute to obesity, cancer, cardiovascular disease, and diabetes. Together, these conditions are responsible for at least 300,000 deaths each year in the U.S. Statistics show an urgent need to address this health issue in Washington state.

Doubling amongst adults in the last ten years, obesity in Washington State is increasing at an alarming rate. In 2000, only 25% of Washington residents reported eating fruits and vegetables at least 5 times a day, and only 27% engaged in moderate physical activity during their leisure time. Interventions that focus only on individual behavior change have not been effective in changing eating and physical activity behaviors. The focus of this plan is to include environmental and policy changes that will make it easier for people in Moses Lake to make healthy lifestyle choices -- to eat healthy and be physically active.

What's Making it Hard to Eat Healthy and Be Active in Moses Lake?

When residents were asked to list barriers to eating healthy foods and getting physical activity in Moses Lake they said:

Barriers to Eating Healthy

- Not enough convenient healthy food
- Healthy foods cost too much (depending on the season)
- Restaurants (mostly fast food)
- Vending machines with unhealthy foods
- Advertising to kids
- Kids menus at school
- Hard to find fresh healthy food in winter
- A lack of healthy foods in the workplace

Barriers to being Active

- Need for more bike routes
- Physical activity programs and facilities cost too much
- Weather (if too cold, too hot, icy, etc.)
- No indoor swimming pool
- Perception of the communities not being safe for children
- Transportation issues for children
- Not enough structured things available for youth
- Resources are not available in all communities/neighborhoods

1

Opportunities: Moses Lakes' Strengths

Moses Lake has many strengths that will help to insure the success of this plan. Some of the strengths identified by the people in Moses Lake include:

- Many indoor and outdoor public facilities
- Great park system
- People like to be active and eat fresh fruits
- Groups are available to help (for example TOPS, or Farmers Market)
- Resources available to get the information out to the people
- Moses Lake has friendly people
- Good educational system (college and hospital)
- Community recognizes the need for an action plan
- Local expertise regarding health issues
- Recreation opportunities that are spread out

Furthermore Moses Lake is working on a revitalization project, Vision 2020, a plan to make the Moses Lake community a better place to live and visit. Part of the Vision 2020 plan addresses issues such as walking and recreational open space.

State Plan and Pilot

In 2001, the Washington State Department of Health was awarded funding from the Center for Disease Control and Prevention (CDC) to develop a program aimed at the promotion of nutrition and physical activity for the prevention of chronic disease and obesity. Moses Lake was selected as the ideal community for the pilot project because of its diversity, rural setting, active community groups currently working on the issues and strong community leadership. It was noted that while Moses Lake has a history of successful community improvement efforts, excellent Parks and Recreation opportunities and a seasonal Farmers Market it does have room to make improvements. This project represented an opportunity to build a model community that other cities and towns in Washington could replicate.

Local Leadership and Community Commitment

Community leaders in Moses Lake including Mayor Lee Blackwell and City Manager Joseph Gavinski recognized the importance of physical activity and healthy eating and initiated Moses Lake's participation in this work. Moses Lake community leaders were active partners during the projects planning meetings and provided resources for the public events in June and October. In addition to their participation in the creation of this plan, the city of Moses Lake employees initiated a community walking program to get residents out and moving together. Every Monday, Wednesday and Thursday night residents are encouraged to walk together for health and fun. Along with the social motivation of walking with friends, participants also have the opportunity to win a prize.

How Decisions Were Made:

Moses Lake leaders and residents were invited to serve on a Healthy Communities Advisory Committee. The volunteers on that committee worked to assess Moses Lake's resources and opportunities for healthy eating and physical activity, they participated in planning meetings, a project kick-off and open forum and/or created the contents of this plan. The information that the advisory committee used to develop the plan included the results of interviews with a wide range of community members, a community inventory, and a best practices menu provided by the Washington State Department of Health and its partners.

Healthy Communities Moses Lake Advisory Committee

The Healthy Communities Moses Lake Advisory Committee includes the following community members:

LeRoy Allison, Grant County Commissioner

Fernando Alvarez, PE Teacher

Myrna Anderson, Senior Center

Lori Barlow, City of Moses Lake, CommunityDevelopment Department

Lee Blackwell, Mayor City of Moses Lake

Alex Brzezny, Public Health Officer, Grant County Health District

Paul Burke, Columbia Basin Herald

Teri Carpentier, Moses Lake Community Health Center/ Diabetes Education

Sandy Cheek, Big Bend Community College

Ron Covey, City Council

P. J. De Benedetti, Moses Lake School District

Charles Determan, Farmers Market

Emily Dufault, Moses Lake High School--Key Club

Mary Falconer, TOPS

Linda Finlay, Moses Lake Food Bank

Dave Fournier, City of Moses Lake

Joe Gavinski, City of Moses Lake

Sally Goodwin, Moses Lake Business Association

Laure Grammer, Grant County GIS Administrator

Ryan Graves, Boys & Girls Club of the Columbia Basin

Ana M. Guilherme, Grant County Health District

Gary Harer, City of Moses Lake, Municipal Services Department

Fred Haynes, Moses Lake Police - Crime Prevention

Lupe Hernandez

Paul Hirai

Ginny Hirai

Ryan Hopkins, Moses Lake High School--Key Club

Maxine Ivory, City of Moses Lake

Caren Jacobson, Samaritan Healthcare--Nutrition/Food Services

Kent Jones, Port District

Jane Kim, Moses Lake High School--Key Club

Mandy Leach, Moses Lake Community Health/WIC

Nancy Martinez, Columbia Basin Job Corps

Desiree McCullough, Sleek Physique Owner

Diana McKinsey, City of Moses Lake

Betty Meloy, Washington State University Cooperative Extension

Becky Meyer, Moses Lake Clinic

Deb Miller, Community Volunteer

Corbin Moberg, Moses Lake Fire Department

Debe Nuss, Breastfeeding Advocate

Kathy Parker, People for People

Kim Pickering, American Cancer Society

Judy Potter, Grant County Health District

Yolanda Rios, Skillsource

Shawn Robnett, City of Moses Lake, Public Works

Loren Sandhop, Moses Lake School District Athletic Director

Bev Shuford, Moses Lake Chamber of Commerce

April Strebeck, Moses Lake School District Food Service

Mary Talcott, Catholic Family & Child Service

Brenda Teals, Moses Lake Tourism

Moses Lake Nutrition and Physical Activity Action Plan

Vision Statement

Residents in the Moses Lake area enjoy an active, healthy lifestyles that include nutritious foods, recreation and positive interactions with each other.

Key Strategies

Path Systems*
Breastfeeding*
Community Garden*
Healthy Urban Planning
Maximizing Existing Nutrition Programs & Facilities
Maximize Existing Recreation Programs & Facilities
School Nutrition
Community Safety

*An * indicates the chosen priorities for the first year of the project. Each of the priority projects have been expanded to include a goal statement, introduction, action step/ timeline, measures of success and a list of key partners.*

Healthy Communities Moses Lake Advisory Group Members and partners presenting a draft of the Healthy Communities Action Plan to the public, October 26, 2002.

Path Systems

Goal Statement

A network of linked paths that are used throughout Moses Lake for exercise, recreation, transportation, and tourism to promote healthier lifestyles for our community.

Introduction: Why Path Systems

This project is recommended by the Moses Lake Healthy Communities Advisory Committee as an important component to fulfill the Victory statement: "Residents in Moses Lake area enjoy an active, healthy lifestyle that includes nutritious foods, recreation and positive interaction with each other."

Action Steps	Timeline
Presentations to Moses Lake City Council and Grant County Board of Health	December 2002
Trails Planning Team (TPT) meeting ■ Staff report on existing resources/facilities ■ ID topics/areas for inventorying and background ■ Charette – organize work group	January 2003
Invite new members onto the TPT to help launch the project and oversee progress. Assure that a diverse representation of the community be part of the TPT (i.e.: health, tourism, transportation, city staff, land developers, physical fitness, etc.)	January 2003
Early Action Projects (System Improvements) ■ Inventory and development of draft sign/interpretation (S/I) plan ■ Striping/signage improvements on existing system as identified in S/I plan ■ New amenities on existing system (landscaping, lighting, benches, bike racks as identified and prioritized by inventory) ■ Implement safety measures at Cade's / gas station	January – June 2003
Resource Inventory & Needs Assessment Background & Context Information ■ Collect and Annotate Historic Photos ■ Maps -- preparation/updates ■ Community Survey	January -- March 2003

Action Steps	Timeline
Outreach and Promotion (bi-lingual) (Press releases, newsletter, events & programs, open houses, survey, etc.) Including the promotion of existing trails/paths. (Create and distribute detailed maps that show destinations and attractions for current walking and biking system) Participation with other similar action groups such as Vision 2020 would also be used as a vehicle to promote this project.	January – June 2003
TPT meeting ▪ Analyze assessment results ▪ Finalize Open House	February 2003
Seek community volunteers, "trail team" or "friends group" to help implement the short-term action steps	March 2003
Early Action Projects (Community Volunteer) ▪ Public Works -- trail clean-ups, light construction, maintenance, striping/signage improvements on existing system, new facilities (landscaping, lighting, benches, bike racks) ▪ Parks & Rec programs/partnerships "Walk Downtown" w/incentives	March, April and June 2003 (June 6/7, National Trails Day)
Open House -- Pre-Charette ▪ Project Info ▪ Survey results ▪ Display Stations ▪ Draft Vision & Goals ▪ Existing Plan/Facilities ▪ Ed/Rec programs ▪ Incorporate community comments -- Biking and walking need to integrate central area into path system. Also need exists for bike racks in downtown area; bicycle police patrols on trails durinig designated hours; bike racks in front of city hall, the parks and rec office and the Museum and Arts Center	March 2003
TPT meeting ▪ Final pre-charette work	April 2003
Open House Before and after charette	May 2003
Design Charette	May 2003
TPT meeting Post-charette work -- Outline "Path Plan", writing and production assignments	May 2003
TPT meeting Write/produce draft Path System Plan	May 2003
Write/produce final Path System Plan; print and distribute (finalize plan, incorporating 6/7 and other comments)	June 2003
Funding – grants; City/County budgets	June 2003 and ongoing
Celebration	June 2003
Amend "Path" Plan into City's Comprehensive Plan	July 2003

Long-term goals.

The long-term goals would be supplemented by actions established in Year 1 work and implemented in years 2-15. These will include a long-term plan to construct, maintain, promote and program more trails/paths.

- Trail development and maintenance
- Locate funding for development and maintenance through City Council support, Grants and donations.
- Assess and provide support facilities (restrooms, lighting, bike racks, benches) to the entire network of trails/paths.
- Build more trails based on the trails/paths plan

Measures of Success:

Short Term:
- First presentation to City Council for ALL Health Communities Project.
- Second presentation to City Council specifically for Path and Trails.
- Inventory Existing System: before inventory – develop plan for what to inventory.
- Increased Signage
- Paint surface to increase safety
- Outreach materials – Map, press releases (newspaper and radio), events
- Complete a long-range plan to create a network of linked trails and paths (Moses Lake Paths Plan).
- City of Moses Lake to adopt trails and paths long range plan.

Long-Term:
- Development of recommended paths and trails to complete entire system.
- Funds available to support the project.

Key Partners and Lead Contacts

Deb Miller, co-chair
Becky Meyer, co-chair
Gary Harer
Brenda Teals
Teri Carpentier
Kathy Parker
Alex Stone
Bryan Bowden
Charlotte Claybrooke

Breastfeeding

Goal Statement

Promote, protect, and support breastfeeding in the Moses Lake community so that good nutrition at birth is basic part of good nutrition throughout life.

Introduction: Why Breastfeeding

The Healthy Communities Moses Lake Advisory Committee selected breastfeeding support because breast-milk is the best nutrition for an infant, can help reduce illnesses and obesity in the child and mother. The American Academy of Pediatrics suggests that human milk is the preferred feeding for all infants and recommends that breastfeeding continue for at least the first 12 months of life. Current breastfeeding practices in Moses Lake fall short of recommendations for the country based on the Healthy People 2010 (HP2010) objectives.

Action Steps	Timeline
Breastfeeding Task Force Meeting: Identified Communication mechanisms for the group and for distributing information to the committee are	December 2002
Investigate a process for establishing a local breastfeeding coalition in Moses Lake in accordance with the Breastfeeding Coalition of Washington (BCW).	December 2002
Assessment -- develop or identify survey tools to assess: ▪ Community at large perception for breastfeeding ▪ Supporting factors leading to breastfeeding in Moses Lake ▪ Worksite policies and practices with regard to maternity leave and breastfeeding promotion ▪ Breastfeeding rates ▪ Provider practices related to breastfeeding	February – June 2003
Develop and implement policies at Samaritan Hospital in line with WHO and UNICEF standards for 'Baby-friendly' hospitals	March 2003
Develop and distribute guidelines for 'Baby-friendly' worksites and Mother's Rooms	April 2003
Develop a plan for implementing Mother's rooms throughout the community	June 2003
Pursue a grant for breastfeeding promotion	June 2003
Complete BFHI Certificate of Intent Program to recognize Samaritan Hospital as a "Baby-Friendly Hospital"	

Measures of Success

Short Term
- Communication mechanisms for the group and for distributing information to the committee are identified
- Process for establishing a local breastfeeding coalition in Moses Lake in accordance with the Breastfeeding Coalition of Washington (BCW) is investigated.
- Proposed assessment(s) are conducted and data is summarized for the community to consider.
- Hospital breastfeeding policies and procedures in accordance with the WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI) are implemented and working.
- Guidelines for 'Baby-Friendly' worksites and Mother's Rooms are drafted and distributed to Moses Lake community employers for comment.
- BFHI Certificate of Intent Program initiated at Samaritan Hospital to be recognized as a "Baby-Friendly Hospital"
- Grant for breastfeeding promotion is pursued.
- Breastfeeding is more visible throughout the community:
- Increase in number of 'Baby-friendly' worksites from "0" to "5"
- Increase in number of Mother's Rooms throughout the community "1" to "5"

Long Term
- A Moses Lake employer or employers are nominated and receive a BCW Employer Award for Breastfeeding
- Breastfeeding rates approach HP2010 target rates (see table below).
- Breastfeeding rates meet HP2010 target rates (see table below).

Key partners and Lead Contacts

Alex Brzezny
Debe Nuss
Denise Schmidt
Mandy Leach
Susie Ramirez
Caroline McNaughton Tittel

Community Gardens

Goal Statement

The Moses Lake Community Garden is a place open to all people of Moses Lake to~
- Gather, garden and grow healthy food
- Enjoy healthy leisure activity
- Learn about gardening, nutrition, and preparing food
- Eat more fruits and vegetables

Introduction: Why a Community Garden

The community garden project revives a history of community gardening in Moses Lake. Gardening reflects the mission of the Healthy Communities Moses Lake Project—an opportunity for all people to make healthy choices. A community garden will provide greater accessibility to nutritious, fresh produce and to physical activity by gardening. Healthy eating and physical activity help to prevent obesity, heart disease, diabetes and some types of cancer. In addition, a community garden builds a sense of ownership, pride and accomplishment.

Action Steps	Timeline
Build partnership and sponsors – to assist with technical assistance and to supply materials	December 2002
Prepare lot – evaluate, clean, grade, bring in top soil	December 2002
Create raised beds of various sizes for city planting, families, individuals (Parks and Recreation, Worksource or club for kids volunteers)	December 2003
Seek out funding sources	December – June 2003
Get a garden coordinator	January 2003
Create Garden Guidelines	January 2003
Register participants through the Parks and Rec department (no-charge)	January 2003
Publicize via Parks & Rec newsletter, chamber newsletter, nickle saver, flyer, newspaper and local businesses (target seniors and people with low-incomes), Parks & Recreation	January – June 2003
Build a storage shed for tools and materials	March 2003
Obtain needed materials – donated if possible, paint tools so they are ugly.	March 2003

Measures of Success

Short term:
- Waiting list for beds; more space needed
- All types of people involved; community involvement
- Growth of fresh fruits and vegetables
- Positive community comments
- On-going events (i.e., classes, workshops)

Long term:
- Nice, ripe tomatoes
- Second garden established
- Park-like amenities (i.e., benches and paths)
- Schools involved

Key Partners and Lead Contacts

Fernando Alvarez, co-chair
Mary Falconer, co-chair
Charles Determan
Nancy Martinez
Bev Shuford
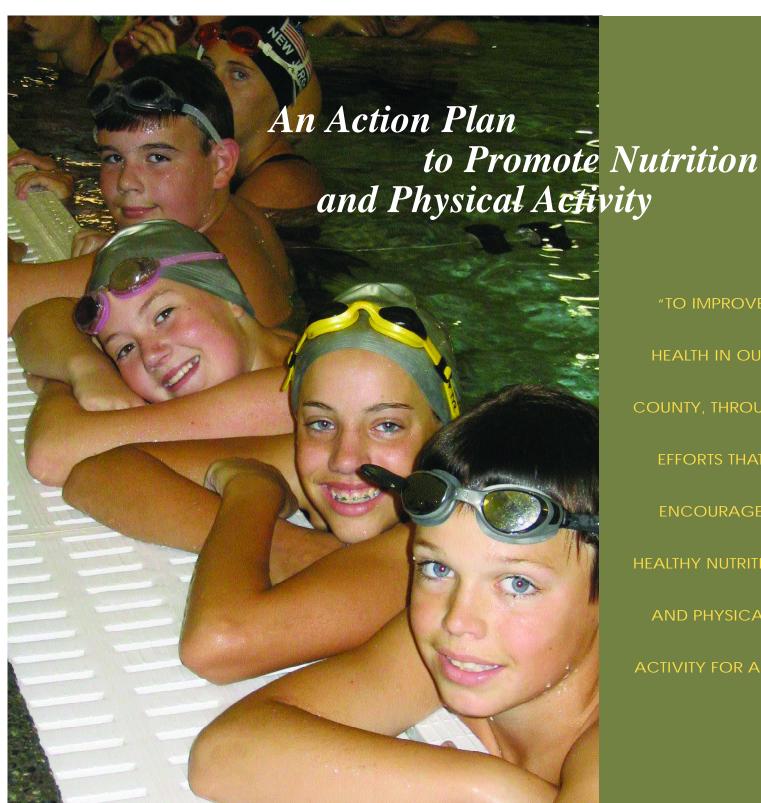Jerry Thaut
Sally Goodwin
Deborah Ocken

Next Steps

- Project Subgroups/Leads Begin Action
- Expand Action Plans (flesh out details)
- Pursue Resources (identify and apply for technical assistance and funding)
- Action: Undertake & coordinate projects
- Communicate progress and success to the public and other interested parties
- Monitor and Celebrate Successes (evaluation and communication)
- Work to sustain projects over the long-term (follow-up advisory committee meetings)

Sponsors and key partners

- Washington State Department of Health
- National Parks Service Rivers and Trails Conservancy Program
- University of Washington Center for Health Promotion
- City of Moses Lake
- Moses Lake Business Association

An Action Plan to Promote Nutrition and Physical Activity

"TO IMPROVE HEALTH IN OUR COUNTY, THROUGH EFFORTS THAT ENCOURAGE HEALTHY NUTRITION AND PHYSICAL ACTIVITY FOR ALL."

MOUNT VERNON HEALTHY COMMUNITIES PROJECT

SEPTEMBER 2004

THE VISION OF

THE MOUNT

VERNON HEALTHY

COMMUNITIES

PROJECT PLAN

IS THAT

MOUNT VERNON

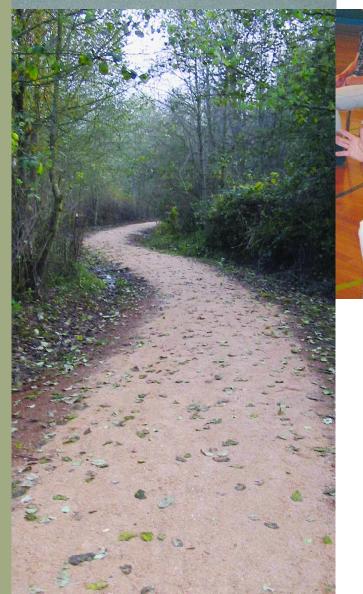AREA RESIDENTS

WILL ENJOY

GOOD NUTRITION,

HAVE PHYSICALLY

ACTIVE LIVES,

AND LIVE IN

A HEALTHY

COMMUNITY.

City of Mount Vernon

July 21, 2004

The City of Mount Vernon is pleased to share with you the Mount Vernon Healthy Communities Action Plan. This document belongs to the residents of Mount Vernon. It is our city's blueprint for becoming a healthier community. The goal is to make the City of Mount Vernon an environment that makes it easy for our residents and visitors to be physically active and choose healthy foods. It is practical, and based on "best practices" that have worked in other communities.

This project is a result of six months of input and planning from a wide range of community leaders and members, along with financial and technical support from several state partners. In June 2004, the Mount Vernon City Council endorsed and adopted this document as part of the Mount Vernon Comprehensive Plan.

The plan describes three priority areas for action:
• Ensure that schools kindergarten through grade 12 provide healthful food and beverages
• Utilize urban planning approaches - zoning and land use - that promote physical activity
• Increase physical activity opportunities for school age children both during and outside the regular school day

Developing this document is the first step. It is not meant to sit on a shelf collecting dust. The involvement of community members of all ages and backgrounds will be needed to make the recommended changes. There are many ways you, your family, and neighbors can be involved. After reading the plan, if you decide you would like to become involved, contact me at 360-336-6211 or Liz McNett Crowl, the Mount Vernon Healthy Communities Coordinator at 360-428-2331.

Sincerely,

Bud Norris, Mayor
Mount Vernon

A BLUEPRINT FOR A HEALTHIER COMMUNITY

I n 2001, the Washington State Department of Health was awarded funding from the Centers for Disease Control and Prevention (CDC) to develop a state program aimed at the promotion of nutrition and physical activity for the prevention of chronic disease and obesity.

State Plan and Pilot Background

The first step in the project was the formation of a Washington State Nutrition and Physical Activity Advisory Group. The advisory group was charged with creating the Washington State Nutrition and Physical Activity Plan: Policy and Environmental Approaches and the selection process for determining a pilot site for the project. The City of Moses Lake was selected as the first pilot site.

In 2003, the Washington State Department of Health was awarded additional funding from CDC and Mount Vernon was selected as the second Healthy Communities pilot site. Mount Vernon was selected as a pilot community because of its diversity, rural setting, community groups actively working on the issues and strong leadership.

Why Nutrition and Physical Activity?

Chronic diseases account for seven out of every 10 U.S. deaths and for more than 60% of medical care expenses (1). Much of chronic disease is preventable. Poor diet and physical inactivity contribute to obesity, cancer, heart disease, high blood pressure and type 2 diabetes and were responsible for more than 400,000 deaths in 2000 in the U.S. (2). In fact, recent research suggests that poor diet and physical inactivity may soon overtake tobacco as the leading cause of death (2). These statistics show an urgent need to focus on the prevention of obesity and related chronic diseases through common risk factors of poor nutrition and lack of physical activity in Washington state.

In Washington state:
• The prevalence of obesity has doubled in the past decade (3)
• 38% of adults are overweight and 21% of adults are obese according to the 2002 CDC Behavioral Risk Factor Surveillance Survey data
• In 2000, only 25% of Washington residents reported eating fruits and vegetables at least five times a day. Young adults are less likely to meet these recommendations (4)
• In 2000, only 27% of residents engaged in moderate physical activity during their leisure time (4)
• The estimated cost of physical inactivity in 2002 for Washington was more than $5 billion (5)

Good nutrition and physical activity are part of a solution to the epidemic public health challenges facing the nation and Washington state.

Good nutrition and physical activity are part of a solution

W e as individuals and as communities live our lives within broad social, economic, environmental, and political spheres of influence. Each sphere affects the choices we have and subsequent health behaviors.

Why A Policy and Environmental Approach?

Communities can facilitate behavior change by making the healthy choice, the easy choice. Creating healthy physical environments through changes in food, nutrition and physical activity policies has the potential to increase access to and availability of health-promoting foods as well as opportunities for physical activity. Such approaches complement strategies that target individual health behaviors, as individual-focused programs are limited in their impact if environmental forces undermine and contradict program messages and recommendations.

Examples of policy and environmental approaches include:

- Healthful food and beverage options in vending machines in schools and work sites
- Grocery stores and markets that carry affordable, high-quality produce
- Public access to school grounds and gym facilities for physical activity
- Bike racks and showers for employees who wish to walk or bike to work
- Traffic calming circles or speed bumps to reduce vehicle speeds

What Makes It Hard to Eat Healthy and to Be Active in Mount Vernon

When residents of Mount Vernon were asked to list some of the barriers to eating healthy food and getting physically active in Mount Vernon they said:

Barriers to Eating Healthy:
- Public not aware of what's already available in the community
- Lack of money and cost to access healthy foods/cheap unhealthy food
- Non-healthy vending machine choices in schools and public buildings
- Too many fast food restaurants
- Schools relying on vending machine revenue
- Poor choices are easier/lack of knowledge on how to prepare healthy foods
- Limited access to local produce

Barriers to Being Active:
- Public not aware of what's already available in the community
- Lack of money to access physical activity opportunities and facilities
- Pedestrian and trail safety/awareness
- No safe place for supervised/unsupervised play
- Lack of physical activity facilities
- Limited access to facilities and resources: schools, lakes and Skagit River
- Not enough miles and connectivity of trails
    - Few work sites endorse physical activity (access to showers, inflexible schedules, lack of support)
        - Schools:
            – Sports programs that focus on athletes
            – Lack of school intramural programs
            – Lack of physical education and curriculum in schools
            – Availability of facilities to community outside of the school day

            • City planning: Land use, street design, traffic and congestion

What makes it easy...
Opportunities: Mount Vernon's Strengths

Mount Vernon has many strengths that will help ensure the success of this plan. Some of the strengths identified by the people in Mount Vernon include:
- Many indoor and outdoor public facilities
- Proximity to the ocean, lakes, river and mountains
- Mild weather
- Farmers' markets and access to local produce
- Walking paths
- Physical Activity Coalition
- Diverse recreation opportunities

Eat Healthy, Be Active

Local Leadership and
Community Commitment

Community leaders in Mount Vernon, including Mayor Bud Norris, Parks and Recreation Director Larry Otos and Skagit County Health Department Director Peter Browning recognized the importance of physical activity and healthy nutrition and initiated Mount Vernon's participation in the project.

Liz McNett Crowl, Skagit Valley Hospital Physical Activity Program Coordinator and Coordinator for the Skagit Valley Physical Activity Coalition, was recruited to provide coordination for the Mount Vernon project.

We need greater attention to the 'details' of our communities, to the kinds of things that make a difference as to whether or not people can be physically active. The key to it all is the decision by each individual to do something to make their community better. Local community groups — the folks who live and work and play and raise their families there — can make this happen. And, when they come together and work together, anything is possible.

*Bill Wilkinson, Executive Director
National Center for Bicycling
& Walking*

PROJECT TEAM

Washington State Department of Health
Ruth Abad, Healthy Communities Specialist

University of Washington Center for
for Public Health Nutrition
Caroline McNaughton Tittel
Erica Lamson

National Park Service, Rivers and Trails Program
Alex Stone

Skagit County Health Department
Peter Browning, Director

City of Mount Vernon
Larry Otos

Skagit Valley Hospital, Physical Activity
Program Services
Liz McNett Crowl, Coordinator

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Initially, a small group of key stakeholders were convened to meet with the Project Team. They established recruitment criteria for the local advisory group and brainstormed a list of community members that they identified as being strategic for the success of the project. Following this meeting, community leaders and residents were recruited to serve on the Mount Vernon Healthy Communities Project (MVHCP) Advisory Committee. MVHCP volunteers were asked to make a six-month commitment to serve on the committee with the goal of creating the project action plan. The three goals that guided the planning phase of this project were:

How Decisions Were Made

1: To build partnerships and opportunities for collaboration across a large, diverse group of community leaders and partners with experience and expertise in nutrition and physical activity as well as community-based efforts.

2: To promote understanding and identification of factors which affect nutrition and physical activity choices in Mount Vernon using a comprehensive community assessment of beliefs and attitudes as well as existing nutrition and physical activity programs, policies, and resources.

3: To support community efforts for improving nutrition and physical activity through environmental and policy change.

With these goals in mind, the committee worked to assess Mount Vernon's resources, opportunities and barriers to healthy nutrition and physical activity, participated in planning meetings, created the contents of the MVHCP action plan, and conducted public meetings to gather community input on the draft plan.

The framework that the advisory committee used to develop the plan included the Washington State Nutrition and Physical Activity Plan: Policy and Environmental Approaches, information provided by the project partners, a community inventory, results of four focus groups and interviews with a wide range of community members.

> "NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL COMMITTED CITIZENS CAN CHANGE THE WORLD; INDEED, IT'S THE ONLY THINK THAT EVER HAS."
>
> Margaret Mead

Community Advisory Committee:

The Mount Vernon Healthy Communities Project Advisory Committee includes the following community members:

Liz McNett Crowl
Project Coordinator

Tina Abshier, Breastfeeding Coalition

Glenn Ash, Mount Vernon City Council

Karla Atwood, Mount Vernon School District

Stoney Bird, retired attorney

Sonia Bishop, nutrition researcher

Judy Bishop, retired public health nurse

Susan Brown, Skagit County Health Department

Peter Browning, Skagit County Health Department

Suzanne Butler, Farmers' Market

Jim Collins, retired

Wende Dolstad, Skagit County Community Action Agency

Randy Elde, pharmacist

Dr. Jonathon Gamson, physician

Jon Gerondale, Mount Vernon Police Department

Abraham Gonzales, Mount Vernon Planning Commission

Susana Guzman, architect

Tim Holloran, Skagit County Senior Services

Cheryl Hughes, Mount Vernon High School

Dr. Paul Johnson, physician

Dr. Rick Levine, pediatrician

Joe Lindquist, Mount Vernon Planning Commission and student at WWU

Nikki Klinger, elementary educator

Scott McMullen, Mount Vernon City Council

Kevin Messer, Neighbors in Need Food Bank

Mike Minor, Mount Vernon Planning Commission

Sharon Minor, community volunteer

Diane Morton, Skagit Valley Hospital

Bud Norris, Mayor, City of Mount Vernon

Larry Otos, Mount Vernon Parks and Recreation

Maggie Potter, community relations

Ellen Rak M.D., SeaMar Community Health Center

Kyle Reep, financial planner

Marty Reese, Skagit Valley Family YMCA

Bob Rose, Skagitonians to Preserve Farmland

Vera Rothrock, Mount Vernon Parks Foundation

Dave Ryberg, Skagit Valley College

Wendy Scott, retail business owner

Elizabeth Sjostrom, City of Mount Vernon

Dr. Bob Slind, physician

Nancy Slind, nutritionist

Shirley Swanson, elementary educator

Tami Walsh, retail food service

Alex von Cube, Skagit County Health Department.

Desiree Webster, SeaMar Community Health Center

Don Wick, Economic Development Association of Skagit County

Mount Vernon
Healthy Communities Nutrition
and Physical Activity Action Plan

VISION STATEMENT
The vision of the Mount Vernon Healthy Communities Project Action Plan is that Mount Vernon area residents will enjoy good nutrition, have physically active lives, and live in a healthy community.

PRIORITY RECOMMENDATIONS
The top three priority recommendations selected for the initial focus of the MVHCP action plan:

1. Access to health promoting foods
   a. Ensure schools provide healthful foods and beverages

2. Increase the number of healthy community environments
   a. Utilize urban planning approaches – zoning and land use - that promote physical activity

3. Increase the number of physical activity opportunities available to children
   a. Encourage policies that provide children with opportunities for physical activity outside of formal physical education classes

Additional priorities identified but not selected, listed in rank order:
- Improve access to nutrition programs
- Increase funding for recreational sites and facilities
- Incorporate transportation policy and infrastructure changes to promote non-motorized transportation
- Increase consumption of fruits and vegetables
- Ensure that health care settings, childcare facilities, and work site environments are breastfeeding friendly

Some activities mentioned during the prioritizing session but not ranked:
- Co-locate food banks with farmers' markets
- Increase bike lanes
- Public access to dikes
- Promote community gardens to low income
- Cooperation between county food banks
- Negotiate with distributors of vending machines
- Broker local produce to local agencies (schools, hospital, nursing homes, jail, homeless shelter)

Overall Project Goals

1. Establish working subcommittees responsible for carrying out the actions for each of the three priority recommendations.

2. Identify community and financial resources needed to meet project objectives.

3. Develop measures to evaluate the impact of the Healthy Communities Project on physical activity rates and healthy food choices in Mount Vernon.

4. Develop strategies to integrate the changes into the culture of the community that support physical activity and healthy food choices.

ACTION PLAN:

Priority Number 1:
ACCESS TO HEALTH-PROMOTING FOODS

• *Ensure that schools kindergarten through grade 12 provide healthful foods and beverages*

1. Introduce and maintain quality, healthful choices in all Mount Vernon school vending machines

ACTIONS:
- Put lock-out timers on all vending machines carrying unhealthy foods during meal times
- Determine the current policy for vending machine contracts (contract period, food choices, etc.)
- Research what works in other states and Washington communities
- Determine the amount of revenue currently available from vending machine contracts and work to maintain the revenue level through healthier food changes
- Define "healthy foods and beverages" and establish a standard based on 2005 Dietary Guidelines for Americans
    - Involve students, ASB, staff and teachers in process and food choices
        - Pilot alternative vending machines in half of the schools

PARTNERS:
Nutritionist, Mount Vernon School District (MVSD) school board and administration, students, teachers, parents, Karla Atwood - MVSD Food Services Director, vending machine contractors

MEASURES:
Short Term: By June 30, 2005
- All vending machines on timers
- Vending machine policy is established
- Current vending machine revenue is determined (to establish baseline of income)
- A definition and standard for healthy foods and beverages is adopted
- Students, teachers and food services staff participate in process of food selection
- School pilots are launched and monitored
- Quality of choices placed in vending machines is maintained

Long Term: By June 30, 2008
- District-wide adoption of healthy food choices for MVSD

2. Work with Mount Vernon school board and administration to influence the content of the new school nutrition policy mandated to be adopted by August 2005

ACTIONS:
- Contact the MVSD school board and administration to describe the Mount Vernon Healthy Communities Project (MVHCP) and share model policies*
- Co-sponsor a Community Forum with the MVSD and the MVHCP Increasing Physical Activity for Youth Committee (November 2004)*
- Develop a communication plan to inform parents, students and other community members on the benefits of a healthy school nutrition policy

PARTNERS:
School board, Increasing Physical Activity for Youth Committee, parents, teachers, students, Washington State Board of Health, Skagit County Health Department, Karla Atwood MVSD Food Services Director and staff, Cheryl Hughes and school nurses, parent-teacher organizations, Washington State School Director's Association

MEASURES:
Short Term:
- MVSD School Board and administration are contacted and made aware of model policies and the MVHCP (July 2004)
- Community forum is conducted (November 2004)
- Provide community input on content for the School Nutrition Policy mandate
- MVSD adopts new school nutrition policy (August 2005)

Long Term:
- New policy is monitored and evaluated for long-term outcomes

Denotes work item to be completed in partnership with other MVHCP committees

3. Increase the amount of local produce served in Mount Vernon schools

ACTIONS:
- Research what works in other states and other Washington communities
- Identify amount and type of local produce currently being utilized by the MVSD to establish a baseline
- Publicize what is working well in the schools: Example: 58 cases a week of local apples served; healthier food choices increasing
- Pilot the changes in one school
- Identify and work to reduce the barriers for local farmers in providing produce to schools (standards and price)
- Develop and introduce activities into the schools that put a face on the local farmers

PARTNERS:
Farmers, Bob Rose, Skagitonians to Preserve Farmland, parents, students, teachers, MVSD Food Services Director and staff, WSU Extension Service, Economic Development Association of Skagit County, MVSD administration

MEASURES:
Short Term:
- Best practices and model policies are identified
- Produce practices (types, amounts and sources) for MVSD are determined
- Healthier food choice changes and improvements are promoted and publicized (October 2004 and ongoing)
- Committees are established and committee liaisons to MVHCP are identified (November 2004-January 2005)
- School pilot project:
  — Pilot school is selected
  — Site specific recommendations and priorities are identified
  — Site specific pilot project timelines are set
  — Pilot project is implemented and monitored
  — Pilot project is evaluated
- Barriers that make it difficult for local farmers to provide produce to the schools are identified
- Strategies for removing barriers for local farmer to provide produce to the schools are determined and prioritized
- Key recommendations are adopted

Long Term:
- Local produce used by MVSD is increased (type, amount)
- Additional schools are invited to pilot

4. Explore possibility of collecting student data*

ACTIONS:
- Research what other states and districts are doing*

MEASURES:
Short Term:
- Determine data collection strategies that are being used in other states and school districts
- Committee makes further recommendations for this item

Long Term:
- Data is monitored over time to determine population changes

5. Act as resource to other school districts in Skagit Valley (long term)

Denotes work item to be completed in partnership with other MVHCP committees

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ACTION PLAN:

Priority Number 2

INCREASE THE NUMBER OF ACTIVE COMMUNITY ENVIRONMENTS

• *Utilize urban planning approaches – zoning and land use – that promote physical activity*

By June 2008:

Major Theme: Active Living by Design/Connectivity of Trails and Parks

1. Identify and connect six trail areas within city: urban core focus

2. Establish Kulshan as east-west "backbone" trail with connections to other trails, sidewalks, business districts and neighborhoods

3. Encourage access to the Skagit River levees for the public

ACTIONS:
• Meet with Larry Otos, Parks and Recreation Director, and city planning and engineering staff to present Mount Vernon Healthy Communities Project (MVHCP) and Urban Approach Action Plan
• Present MVHCP Urban Planning Action Plan to City of Mount Vernon Planning Commission
• Present MVHCP Urban Planning Action Plan to the Mount Vernon City Council
• Submit application to National Park Service Rivers, Trails and Conservation Assistance Program for a grant to facilitate a community approach to gaining access to the Skagit River levees for public use
• Research, develop and prioritize trail connections plan
• Research and develop a trail enhancement and safety plan: trail signage, trash cans, water fountains, benches, art, elements of safe walking and biking environment
• Identify and develop strategies for securing funding to implement trail connection plan, and trail enhancement and safety plan
• Publicize and distribute the Mount Vernon trails map
• Develop a communication plan to inform public of changes and additions to trails

PARTNERS:
Larry Otos, city planners and engineers, Mount Vernon Planning Commission, Mount Vernon City Council, National Parks Service, Skagit County Non-Motorized Citizens' Advisory Group, Skagit County Physical Activity Coalition, Dike Districts 3, 17 and 20, Skagit County Parks and Recreation, Skagit County Board of Commissioners, Arts Commission, dike property owners, Skagit Council of Governments, Skagit Bicycle Club, and Washington State Department of Transportation

MEASURES:

Short Term:
- Meeting with Larry Otos, Parks and Recreation Director, and city planning and engineering staff to present MVHCP and Urban Approach Action Plan is completed
- MVHCP Urban Planning Action Plan is presented to the City of Mount Vernon Planning Commission
- MVHCP Urban Planning Action Plan is presented to the Mount Vernon City Council
- Application to National Park Service Rivers, Trails and Conservation Assistance Program grant is submitted and funded
- Trail connection plan, and the trail enhancement and safety plan is adopted
- The Mount Vernon trail map is promoted and distributed
- Funding plan to implement trail connection plan and trail enhancement and safety plan is adopted
- A communication plan to inform public of changes and additions to trails is created and implemented

Long Term:
- Long-term funding available to implement and support action plan
- Environmental supports added to all existing and new trails
- Sidewalk/trail connections completed with a minimum of four neighborhood parks
- Levee trail pilot is conducted and evaluated

4. Identify four to nine neighborhood parks and connect with trails/sidewalks

ACTIONS:
- Meet with Larry Otos, Mount Vernon Parks Board and Parks Foundation Board to discuss community planning approach for parks and roll of committee and community in planning neighborhood parks*
- Research and study what other communities are doing to determine best practices for community approach to park and trail planning and active park environments*
- Work with Mount Vernon Parks and Recreation Department and MVHCP Youth Physical Activity Committee to establish parks and playground planning criteria and trail connections to ensure active park environments*
- Work with Mount Vernon Parks and Recreation Department and MVHCP Youth Physical Activity Committee to establish a community planning process for parks and trails that involves neighbors and community in determining park and trail elements and design in planning process*
- Research and develop a neighborhood park plan for Mount Vernon
- Participate in the Mount Vernon Parks and Recreation Department's Comprehensive Plan Update process*
- Participate in planning the Division Street Neighborhood Park and the 18th Street Kiwanis Park to ensure community approach to planning, connectivity and physical activity opportunities for children and families*
- Work to involve and recruit neighborhoods and community service organizations to "adopt a park or trail"

Denotes work items to be completed in partnership with other MVHCP committees

Larry Otos, Mount Vernon Parks and Recreation Director, City of Mount Vernon's Planning Commission and City Council, Mount Vernon Parks Foundation, MVHCP Youth Physical Activity Committee, Kiwanis and other community service organizations, park neighbors, Skagit County Physical Activity Coalition

MEASURES:
Short Term:
• Meeting with Parks and Recreation Board and Parks Foundation Board completed
• Best practices and model policies are identified for trail connectivity, community approach to planning and funding
• Trail connections, active parks and playground criteria established
• Community park planning approach concept is researched for best practices
• Neighborhood park plan is adopted
• At least two members of MVHCP served on Comprehensive Plan Committee, including at least one Urban Planning Committee member
• Comprehensive plan process is monitored for opportunities for MVHCP to provide public input and to advocate for community participation in public meetings
• At least two members of MVHCP participate in planning process for Division Street Neighborhood Park and 18th Street Kiwanis Park, including at least one Urban Planning Committee member
• One neighborhood park is targeted for the community planning approach pilot
• Community planning approach is evaluated
• One community park adopted by community service organization

Long Term:
• Mount Vernon Comprehensive Plan includes phased-in plan to create connectivity of trails and parks
• Community park planning approach is adopted for future park planning

COMMUNITIES CAN FACILITATE BEHAVIOR CHANGE BY MAKING
THE HEALTHY CHOICE, THE EASY CHOICE.

Major Theme: Active Living by Design

5. Design and develop policies that support urban village concepts

ACTIONS:
- Advocate for support and inclusion of active living by design and urban planning approach in city long-range plan
- Work for policy changes to support active living by design and urban planning
- Research other small rural cities experience in planning and building active community environments and utilizing an urban planning approach
- Develop a communication plan to inform the public about the benefits of active community design and urban planning approaches to foster community support for policy changes
- Work to involve community in advocating for increasing urban planning and active living design elements into development in Mount Vernon

PARTNERS:
City Planning Commission and Council, City of Mount Vernon Planning Department, Skagit County Non-Motorized Citizens' Advisory Group, Friends of Skagit County, developers, architects, realtors

MEASURES:
Short Term:
- Community involved in creating planning and design concepts of one urban village

Long Term:
- One urban village design included in city long-range plan

> ** Denotes work items to be completed in partnership with other MVHCP committees*

ACTION PLAN:

Priority Number 3
INCREASE THE NUMBER OF PHYSICAL ACTIVITY OPPORTUNITIES AVAILABLE TO CHILDREN

Encourage policies that provide kindergarten through grade 12 students with opportunities for physical activity outside of formal physical education classes

By June 2008:

1. Increase opportunities for children and their families to be physically active at their community school outside of the regular school day

2. Increase opportunities for children to be physically active at school during the regular school day

ACTIONS:
- Contact the president of the school board and other school board members to describe the Healthy Communities Project *
- Determine current Mount Vernon School District (MVSD) policy for use of facilities outside of the regular school day for community activities
- Research what works in other states and other Washington school districts to determine best practices
- Co-sponsor a Community Forum with the Mount Vernon School Board and the Healthy Nutrition MVHCP Committee*
- Determine barriers that prevent children from being more physically active at their community school during the school day, and outside of the regular school day
- Develop strategies, recommendations, and priorities for increasing opportunities for children to physically active at their community school during the regular school day and outside of the regular school day
- Develop a communications plan for informing parents, students and interested community members on the benefits of regular physical activity for children

PARTNERS:
Mount Vernon School Board and administration, MVHCP Healthy Nutrition Committee, parents, students, teachers, parent-teacher organizations, Mount Vernon Parks and Recreation Department, Skagit Valley Family YMCA, school nurses, MVSD Athletic Director Eric Monson

* Denotes work items to be completed in partnership with other MVHCP committees

MEASURES:

Short Term:
- School board president and school board members are contacted and made aware of model policies and the MVHCP (July 2004)
- Best practices and model policies are identified (October 2004)
- Community forum is conducted (November 2004)
- A minimum of one school will pilot the development of a school advisory team, and participate in the process of working to increase opportunities for children to be more physically active at the community school outside of the regular school day and during the school day outside of PE classes (December 2005)
- Barriers that prevent children from being physically active at the community school both during and outside of the regular school day are identified (March 2005)
- Determine current levels of physical activity during the school day to establish a baseline and monitor for changes (March 2005 and ongoing)
- Develop and prioritize recommendations for increasing physical activity both during the school day and outside of the regular school day (May 2005)
- At least one recommendation will be implemented for the 2005-06 school year
- Identify and obtain resources necessary to carry out and sustain recommendations
- Evaluate pilot process (increase in opportunities and number participating)

Long Term:
- Mount Vernon School District adopted and regularly monitors a physical activity policy that includes opportunities for children to be physically active outside of formal physical activity classes
- Physical activity opportunities increased in the elementary schools

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3. Increase opportunities for children and families to be physically active in the community

ACTIONS:
- Meet with Parks and Recreation Board and Parks Foundation Board to present information about the Mount Vernon Healthy Communities Project
- Work with Mount Vernon Parks and Recreation Department and MVHCP Urban Planning Committee to establish parks and playground planning criteria to ensure active park environments*
- Work with Mount Vernon Parks and Recreation Department and MVHCP Urban Planning Committee to establish neighborhood park community planning process that involves neighbors and community in determining park elements and design in planning process*

* Denotes work items to be completed in partnership with other MVHCP committees

- Research and study what other communities are doing to determine best practices for community approach to park planning and active park environments*
- Participate in the Mount Vernon Parks and Recreation Department's Comprehensive Plan Update process*
- Assist with developing community survey instrument which will include a question to identify barriers for children and families being physically active in the community
- Serve on Comprehensive Plan Committee
- Attend Comprehensive Plan public hearings
- Participate in planning the Division Street Neighborhood Park and the 18th Street Kiwanis Park to ensure physical activity opportunities for children and families*

PARTNERS:
Larry Otos, Mount Vernon Parks and Recreation Director, City of Mount Vernon's Planning Commission and City Council, Mount Vernon Parks Foundation, MVHCP Urban Planning Committee, Kiwanis and other community service organizations, park neighbors

MEASURES:
Short Term:
- Meeting with Parks and Recreation Board and Parks Foundation Board completed
- Best practices and model policies are identified
- Active parks and playground criteria established
- Community park planning approach concept is researched for best practices
- At least two members of MVHCP served on Comprehensive Plan Committee
- Comprehensive plan process is monitored for opportunities for MVHCP to provide public input and to advocate for community participation in public meetings
- At least two members of MVHCP participate in planning process for Division Street Neighborhood Park and 18th Street Kiwanis Park, including at least one from Increasing Youth Physical Activity Committee
- One neighborhood park is targeted for the community planning approach pilot
- Community planning approach is evaluated

Long Term:
- Mount Vernon Comprehensive Plan includes phased-in plan to make all city parks active park environments
- The number of children and families actively playing in the Division Street neighborhood Park and the 18th Street Kiwanis Park increased
- Additional park planning utilizes community park planning approach

Denotes work items to be completed in partnership with other MVHCP committees

4. Explore possibility of collecting student population data*

ACTIONS:
- Research what other states and districts are doing*

MEASURES:
Short Term:
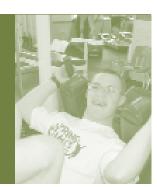- Research student data collection in other states and districts is completed and best practice is determined
- Committee studies this information to determine and make further recommendations for this item

Long Term:
- Body mass index are monitored over time to determine population changes

Denotes action steps that would be completed in collaborative effort with other MVHCP committees

PLAN ADOPTED

On June 23, 2004 the Mount Vernon City Council adopted the Mount Vernon Healthy Communities Project Action Plan into the Mount Vernon Comprehensive Plan. Adoption of the plan demonstrates how Mount Vernon's leaders value the health of residents and are working to create an environment that fosters access to healthy foods and physical activity.

NEXT STEPS: A CALL TO ACTION

The Mount Vernon Healthy Communities Project Action Plan is a blueprint for becoming a healthier community. Developing the plan is just the first step. Making the changes described in this plan will require the involvement of many community members at many different levels. If you share the vision for a healthy Mount Vernon described in the plan you can help by becoming involved.

- Community Work Groups: Small community work groups will be formed for each priority recommendation and will begin working to implement the action plan.

- Identify Resources: We will be working to identify and secure technical and funding resources to ensure successful implementation of the plan.

- Communicate progress and success to the community, our project partners and volunteers.

Project Coordinator: Liz McNett Crowl, 360-428-2331
Project Web Page: http://depts.washington.edu/dohuwnps/MountVernon/

"IT'S POWERFUL WHEN A GROUP OF PEOPLE WHO CARE DEEPLY ABOUT THEIR COMMUNITY CAN COME TOGETHER AND WORK FOR POSITIVE CHANGE."
Liz McNett Crowl

References
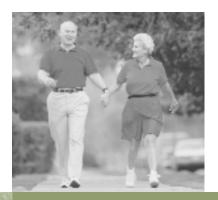
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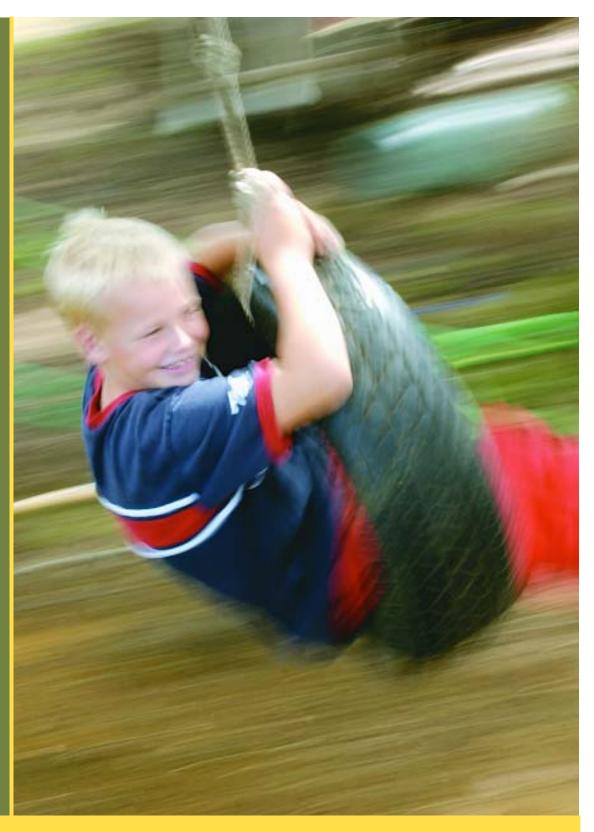
Be healthy. Be active.

at least

30 | minutes a day

10 | minutes at a time

5 | days a week

An Action Plan to Promote Nutrition and Physical Activity

MOUNT VERNON HEALTHY COMMUNITIES PROJECT

HEALTHY COMMUNITIES **TOOL KIT**

Nutrition & Physical Activity

EVALUATION:
HOW TO MEASURE SUCCESS

TOOL KIT
HEALTHY COMMUNITIES
Nutrition & Physical Activity

☑ *Lessons learned*

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

EVALUATION: HOW TO MEASURE SUCCESS

Evaluation helps to take the pulse of the community; what people are really thinking

- It's hard for an enthusiastic, action-focused community to see the value of evaluation. It's important to acknowledge their frustrations.

- Don't call it evaluation because people don't like to evaluate themselves.

- Use more creative ways to present the information and data during meetings; be brief and ask the community what information will help them know if they are successful.

- Don't collect any data or information that you can't use; what's the most crucial information you need to know.

- Plan and conduct your evaluation early in the process so you can make adjustments.

- If telephone interviews are part of your evaluation make sure the questions are clear. Did the respondents understand the intent of the question? It's important to pilot the questionnaire to see is you are getting the information you really need.

Mount Vernon Healthy Communities Project
Evaluation Plan for Community Planning Process

Goal I: To build partnerships and opportunities for collaboration across a large, diverse group of community leaders and partners with experience and expertise in nutrition and physical activity as well as community-based efforts

Objectives:
- By June 2004, MVHCP coordinator in partnership with the designated Planning Committee and the community Advisory Group plans and conducts 4 planning meetings, 1 kick-off event, and 1 public hearing
  - o Formal meeting evaluations are conducted at each meeting and results inform future planning
- By June 2004, members of the Advisory Committee are able to identify strategies for improving nutrition and physical activity through environmental and policy change
- At the end of the planning process (June 30 2004), key informant interviews are conducted via phone with each Advisory Committee member to determine satisfaction with planning process and degree of partnerships formed

Goal II: To determine factors which affect nutrition and physical activity choices in Mount Vernon using a comprehensive community assessment of beliefs and attitudes as well as existing nutrition and physical activity programs, policies, and resources

Objectives:
- By late March, MVHCP coordinator in partnership with subcommittee of the Advisory Group conducts community inventory of existing nutrition and physical activity programs, policies, and resources
- By late March 2004, MVHCP coordinator and research group conducts focus groups with <<identify groups>>
- By early April 2004, subcommittee summarizes and presents results of community assessment (focus groups and community inventory) to larger Advisory Committee
- By early April 2004, a subcommittee/ task force is selected and commits to 1-day planning retreat to make recommendations for community action on environment and policy change related to nutrition and physical activity
- By late April 2004, a survey or key informant interviews of subcommittee member's experience conducting community audit is completed and results summarized

Goal III: To support community efforts for improving nutrition and physical activity through environmental and policy change

Objectives:
- By late April 2004, a subcommittee / task force develops and present recommendations for one or more community actions on environment and policy change related to nutrition and physical activity
- Using key recommendations, the Advisory Committee drafts a nutrition and physical activity action plan (with goals, measurable objectives, and plan for ongoing monitoring and evaluation) for community input and feedback by early June 2004
- By early June, the Advisory Committee organizes a Public Hearing to solicit input and feedback on draft community action plan
- By June 30 2004, community comments are incorporated and the MVHC nutrition and physical activity community action plan is finalized

Mount Vernon Healthy Communities Project
Advisory Committee
February 23, 2004
MEETING EVALUATION

1. Please indicate the extent of your agreement or disagreement with the following statements by circling your response.

	Strongly disagree				Strongly agree
The goals, objectives, and specific outcomes for the meeting were made clear to me	1	2	3	4	5
The meeting accomplished the stated outcomes	1	2	3	4	5
The pace and agenda for the meeting were appropriate given the meeting's desired outcomes	1	2	3	4	5
The meeting provided an environment that was culturally sensitive and inclusive	1	2	3	4	5
The meeting space worked well to support the planning process	1	2	3	4	5

2. What worked well in this meeting that we should continue doing?

3. How might we improve our meetings?

4. Other comments, observations, recommendations?

HEALTHY COMMUNITIES TOOL KIT

Nutrition & Physical Activity

COMMUNICATIONS MEDIA

Mount Vernon Healthy Communities Project

Draft Communication Plan

Goal: To communicate progress and successes of the Mount Vernon Healthy Communities Project to inform project leadership and volunteers, residents of Mount Vernon and the general public.

INTERNAL

TASK	METHOD	ACTION/DETAIL	TARGET AUDIENCE	WHO IS RESPONSIBLE	DEADLINES AND DATES
Communicate with Planning Team	-Meeting minutes -Project progress report		Planning Team		
Communicate with Project Leadership Team	-Meeting minutes -Project progress report		Leadership Team		
Communicate with Project Advisory Committee	-Monthly project report -Annual stakeholders meeting		-Advisory Committee	1. Liz 2. Planning and Leadership Teams	Monthly
Communicate with Increasing Nutrition at Schools Committee	-Committee meeting minutes -Informational mailings related to work -Liaison to Leadership Team		-Committee -Planning and Leadership Team	1. Liz 2. Committee Chair 3. Committee Liaison	
Communicate with Urban Planning Committee	-Committee meeting minutes -Informational mailings related to work -Liaison to Leadership Team		-Committee -Planning and Leadership Team	1. Liz 2. Committee Chair 3. Committee Liaison	
Communicate with Increasing Physical Activity Committee	-Committee meeting minutes -Informational mailings related to work -Liaison to Leadership Team		-Committee -Planning and Leadership Team	1. Liz 2. Committee Chair 3. Committee Liaison	

1/5/05

Mount Vernon Healthy Communities Project

Draft Communication Plan

OUTREACH

TASK	P	METHOD	ACTION/DETAIL	TARGET AUDIENCE	WHO IS RESPONSIBLE	DEADLINES AND DATES
Share MVHCP activities and successes with the Mount Vernon community	1	Key Messages	• Develop 3-4 key messages • Test with community audience	General public	Action Plan Committees, Communication Task Force	
	2	Newspapers: -Skagit Valley Herald -Skagit Argus	News Release • Develop press release template and press packet • Meet with Stedem Wood • Meet with Mary Evitt • Determine if there is a health editor	General public	Look for dedicated volunteer; past journalist or student intern	Release on a regular basis
		Publications*	Skagit Co Leisure Guide Printed Materials: • Create written materials: Action Plan, Executive Summary, project logo (design print and distribute) • Create distribution plan and log • Newsletter	General public	Liz	
			Availability of printed materials in Spanish		Liz, Communication Task Force, Action Plan Committees	Available electronically
	3	Radio: KSVR Cable TV 10 Web site	• Links with project Web page	General public General public Mount Vernon, Skagit County, SCPAC	Liz, Larry, Peter	
	4	Speakers Bureau	Identify advisory committee members Provide orientation, presentation materials and resources	Community organizations	Liz, Action Plan Committees	
		Display board	Develop visual display and make it available in the community	General public	Liz, Action Plan Committees	

P=Priority

*Future Considerations:
- Develop strategy for targeting Hispanic sector of community
- Availability of printed materials in Spanish

1/5/05

Community Meeting

Your Input Is Needed!

Please join the

Mount Vernon
Healthy Communities
Advisory Committee

on June 3rd to learn about an exciting community plan to increase access to healthy foods and opportunities to be active in Mount Vernon.

Hillcrest Park Lodge

1717 S. 13th Street

Thursday, June 3rd • 7 - 8 p.m.

Light refreshments will be served! Prize drawings!

For more information:
Liz McNett Crowl, Coordinator
Mount Vernon Healthy Communities Project
360-428-2331

Washington State Department of
Health
Cardiovascular, Diabetes, Nutrition & Physical Activity Programs

For Immediate Release: May 15, 2003

Contacts: Charlotte Claybrooke, DOH Diabetes Nutrition and Physical Activity Section
360-236-3754

Healthy Communities Moses Lake at Spring Festival

It's Spring and Healthy Communities Moses Lake is blooming with activity: that's including a variety of activities at the Moses Lake Spring Festival. In 2002 the city of Moses Lake was chosen as a pilot community encourage residents to eat healthier and make physical activity part of their daily lives. "Healthy Communities – Moses Lake" is a pilot project intended to help make it easier for residents to make healthier choices. The program now has three main components that focus on: community gardens, breastfeeding and the communities path system.

This year at the Moses Lake Spring Festival Healthy Community volunteers will be out sharing their, plans and successes and encouraging Moses Lake residents to join in the efforts to make the healthy choice the easy choice in Moses Lake. During the festival their will be a Healthy Communities table at the fun run on Saturday morning, a booth from 11:00am to 5:00pm at the Festival and a variety of Healthy Communities Moses Lake supporters walking in this years parade. Supporters include members of the Moses Lake Trails Planning Team, the Moses Lake Breastfeeding Coalition, Community Garden Committee, Representative Hastings, as well as members from the Moses Lake High School Key Club and Honor Society.

Healthy Communities – Moses Lake is a partnership of citizens, the City of Moses Lake and Grant County Board of Health; Washington State Department of Health; University of Washington Health Promotion Research Center; and National Park Service/Rivers, Trails and Conservation Assistance Program.

For more information about Healthy Communities/Moses Lake and ways residents can get involved, contact the project's community liaison, Sally Goodwin, Moses Lake Business Association, at 509-764-1745.

Healthy Communities Project-- Moses Lake

Background

In 2001, the Washington State Department of Health was awarded funding from the Centers for Disease Control and Prevention (CDC) to develop a program aimed at the prevention of chronic disease and obesity.

The prevalence of obesity is increasing nationwide at an alarming rate. In Washington State, the rate of obesity amongst adults doubled in the last 10 years. But the problem is not just about weight, it's about health. Excess weight increases the risk of many health problems like heart disease, diabetes and some types of cancer.

"Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking. People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems."

Former U.S. Surgeon General David Satcher, M.D.

The Moses Lake Healthy Communities Project will focus on improving nutrition and physical activity lifestyles by changing policies and environment within the community. To ensure success, the project will be built on the work of many community partnerships.

The Community

Moses Lake was selected as the ideal community for the pilot project out of a pool of 15 eligible Washington cities. Moses Lake met the following criteria—

- Small to medium size population (10,000 to 50,000)
- Diverse in population
- Coalition or group working on nutrition or physical activity issues
- Interest and support expressed for the project through a letter of interest from the Mayor's office and through telephone interviews with various members of the community

The Community Advisory Committee

Vital to the success of the project are the commitment and work of a community coalition—an advisory committee. The purpose of the Advisory Committee is to represent various community interests in the planning of the project. Committee members may come from local government, schools, parks and recreation, city planning, health care or other areas of interest in the community.

The Community Advisory Committee [continued]

Between June and September, Advisory Committee members will participate in three evening meetings. At these meetings, members can expect to--
- Learn about the background and purpose of the project
- Assist with documenting baseline information on existing programs and resources in the community related to nutrition and physical activity
- Receive thorough information on the 'action' recommendations in a state guidance document
- Discuss, evaluate, and choose actions that make sense to implement and test in Moses Lake

In addition, Advisory Committee members will be asked to attend two public events. The first will be a 'kick-off' event on July 24th which will announce the project to the community. The second will be a public forum in October to communicate with the community and media about the actions that have been selected by the Advisory Committee. Advisory committee members will be identified by name in press releases and at the public events.

Policy & Environmental Changes

Currently, the Department of Health and its partners are creating a guidance document, a "menu" of policy and environmental changes that will be used by the Moses Lake Advisory Committee in the development of the project. Some examples of these changes may include but are not limited to—
- Safe walking and biking routes to schools, to work, and in neighborhoods
- Decreased availability of 'junk food' in schools
- Increased access to places that people can be active which are free or low cost

Partnerships

The Nutrition and Physical Activity Section of the Washington State Department of Health, the University of Washington Health Promotion Research Center, and the National Park Service's Rivers, Trails, Conservation Assistance Program will work alongside the Advisory Committee to create and implement the project plan.

The Department of Health will contribute technical and some financial support for the planning phase and seed money for the project. The University of Washington will assess and evaluate the project. Community outreach will be guided by the National Park Service.

Community Contact

Sally Goodwin
Moses Lake Business Association
509-764-1745

Get Involved as a Sponsor or Volunteer! Contact:

Sally Goodwin
Moses Lake Business Assc
Moses Lake, WA 98837
Phone (509)764-1745
mlba@gemsi.com

Next Steps

- Finalize and adopt action plan
- Organize Work Groups
- Launch Projects (flesh out details)
- Pursue Resources (identify and apply for technical assistance and funding)
- Action: Undertake & Coordinate projects
- Monitor and Celebrate Successes
- Get the Word Out
- Work to sustain projects over the long term

University of Washington
School of Public Health and Community Medicine

NATIONAL PARK SERVICE
Rivers, Trails & Conservation
Assistance Program

MOSES LAKE
MOSES LAKE BUSINESS ASSC

CITY OF MOSES LAKE
WASHINGTON

Washington State Department of
Health

Healthy Communities
Moses Lake Advisory Committee

LeRoy Allison, Grant County Commissioner
Fernando Alvarez, PE Teacher
Myrna Anderson, Senior Center
Lori Barlow, City of Moses Lake
Lee Blackwell, Mayor City of Moses Lake
Alex Brzezny, Public Health Officer
Paul Burke, Columbia Basin Herald
Teri Carpentier, Moses Lake Community Health Center
Sandy Cheek, Big Bend Community College
Ron Covey, City Council
P. J. De Benedetti, Moses Lake School District
Charles Deteman, Farmers Market
Emily Dufault, Moses Lake High School--Key Club
Mary Falconer, TOPS
Linda Finlay, Moses Lake Food Bank
Dave Fournier, City of Moses Lake
Joe Gavinski, City of Moses Lake
Sally Goodwin, Moses Lake Business Association
Laure Grammer, Grant County GIS Administrator
Ryan Graves, Boys & Girls Club of the Columbia Basin
Ana M. Guilherme, Grant County Health District
Gary Harer, City of Moses Lake, Municipal Services Dpmt
Fred Haynes, Moses Lake Police - Crime Prevention
Lupe Hernandez
Paul Hirai and Ginny Hirai
Ryan Hopkins, Moses Lake High School--Key Club
Maxine Ivory, City of Moses Lake
Caren Jacobson, Samaritan Healthcare
Kent Jones, Port District
Jane Kim, Moses Lake High School--Key Club
Mandy Leach, Moses Lake Community Health/WIC
Nancy Martinez, Columbia Basin Job Corps
Desiree McCullough, Sleek Physique Owner
Diana McKinsey, City of Moses Lake
Betty Meloy, WSU Cooperative Extension
Becky Meyer, Moses Lake Clinic
Deb Miller, Community Volunteer
Corbin Moberg, Moses Lake Fire Department
Debe Nuss, Breastfeeding Advocate
Kathy Parker, People for People
Kim Pickering, American Cancer Society
Judy Potter, Grant County Health District
Yolanda Rios, Skill-source
Shawn Robnett, City of Moses Lake, Public Works
Loren Sandhop, Moses Lake School District Athletic Director
Bev Shuford, Moses Lake Chamber of Commerce
April Strebeck, Moses Lake School District Food Service
Mary Talcott, Catholic Family & Child Service
Brenda Teals, Moses Lake Tourism

Healthy Communities Moses Lake:
An Action Plan to Promote Nutrition & Physical Activity for 2002/2003

The Healthy Communities Moses Lake project is working to encourage Moses Lake residents to eat healthier and make physical activity part of their daily lives by making the healthy choice the easy choice.

Proposed Priority Projects:
- Improve Path Systems
- Provide for Community Gardens
- Increase Support for Breastfeeding

PATH SYSTEMS

Create a network of linked paths that are used throughout Moses Lake for exercise, recreation, transportation, tourism to promote healthier lifestyles for our community

What to expect:

- More information about existing trails and paths
- Improved signage on existing trails and paths
- More bike racks, benches and better lighting along trails and paths
- A long-range plan to create a network of linked trails and paths
- Trails/paths long-range plan adopted by City of Moses Lake

COMMUNITY GARDEN

Create a Moses Lake Community Garden that is a place open to all people of Moses Lake to~

- gather, garden and grow healthy food
- enjoy healthy leisure activity
- learn about gardening, nutrition, and preparing food
- eat more fruits and vegetables

at to expect:

- A community garden with raised beds of various sizes for city, family and individual plantings.
- A storage shed for tools and materials
- **Classes and workshops on gardening, cooking and nutrition**

BREASTFEEDING

Promote, protect, and support breastfeeding in the Moses Lake community so that good nutrition at birth is a basic part of good nutrition throughout life.

What to expect:

- Samaritan Hospital recognized as a breastfeeding friendly hospital.
- More breastfeeding-friendly worksites
- More Mother's Rooms throughout the community

dditional projects *which will also be addressed: healthy urban planning, school nutrition, maximize existing nutrition and recreation efforts,* **community safety, and project education/communication.**

HEALTHY COMMUNITIES TOOL KIT

Nutrition & Physical Activity

ADDITIONAL
RESOURCES

RESOURCES

Where To Find More Information

Community Toolbox
http://ctb.lsi.ukans.edu/
Online resources created and maintained by the University of Kansas Work Group on Health Promotion and Community Development. Core sections explain how to do different tasks necessary for community health and development. Some of these sections pertain to community participation, community assessment, leadership and group facilitation, community building and cultural competency, and problem solving.

Community Building: What Makes It Work: *A review of factors influencing successful community building*
Mattessich P, Monsey B. Amherst H. Wilder Foundation, 2001
This practical report describes twenty-eight key factors that influence the success of community building. They are grouped by: 1) the characteristics of the community, 2) characteristics of the community building process, and 3) characteristics of community building organizers. Each chapter has detailed descriptions and case examples of how each factor plays out followed by practical questions you can use to assess your work

Developing Effective Coalitions: An Eight Step Guide
http://www.preventioninstitute.org/tools.htm
This tool guides practitioners through the process of coalition building, from deciding whether or not a coalition is appropriate to conducting ongoing evaluation.

E.N.A.C.T.
Environmental Nutrition and Activity Community Tool
http://www.preventioninstitute.org/sa/enact.html
ENACT is a concrete menu of strategies designed to help you improve nutrition and activity environments on a local level. Each strategy is complemented by practical "how-to" information for implementation, including tools, resources, articles, model polices, and programs

Promoting Physical Activity: A Guide for Community Action.
www.cdc.gov/nccdphp/dnpa/pahand.htm
This resource explains how to facilitate behavior change both from an individual and a community perspective. The text guides the reader in addressing the target population's understanding and skills, the social networks, the physical environments in which they live and work, and the policies that most influence their actions.

Butterfoss F. The Coalition Technical Assistance and Training Framework: Helping Community Coalitions Help Themselves.
Health Promotion Practice 20004; Vol. 5, No.2, 118-126.
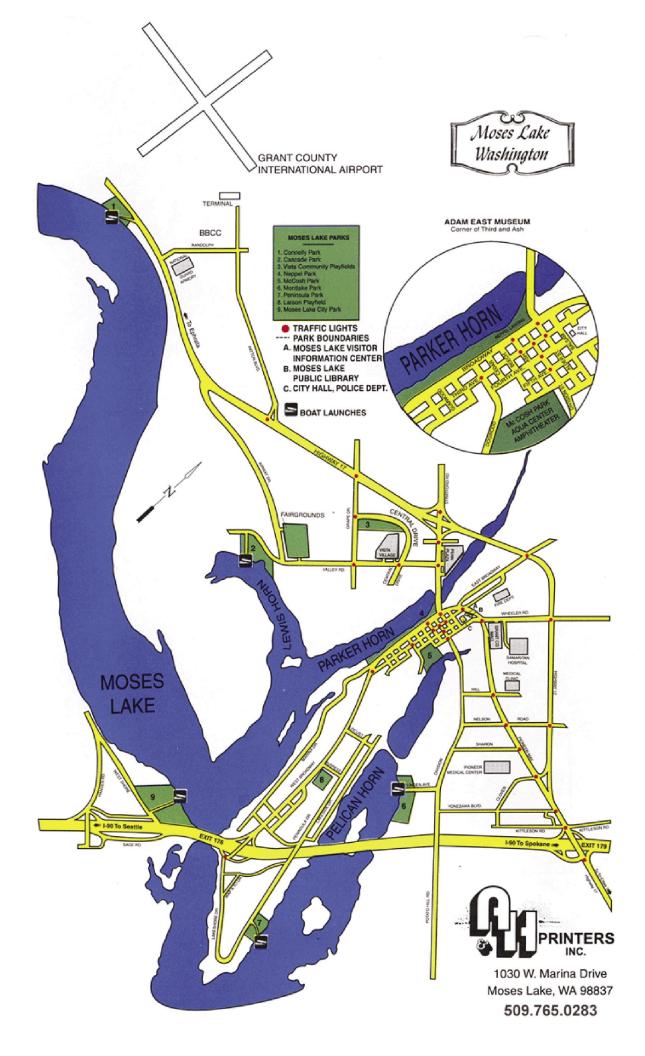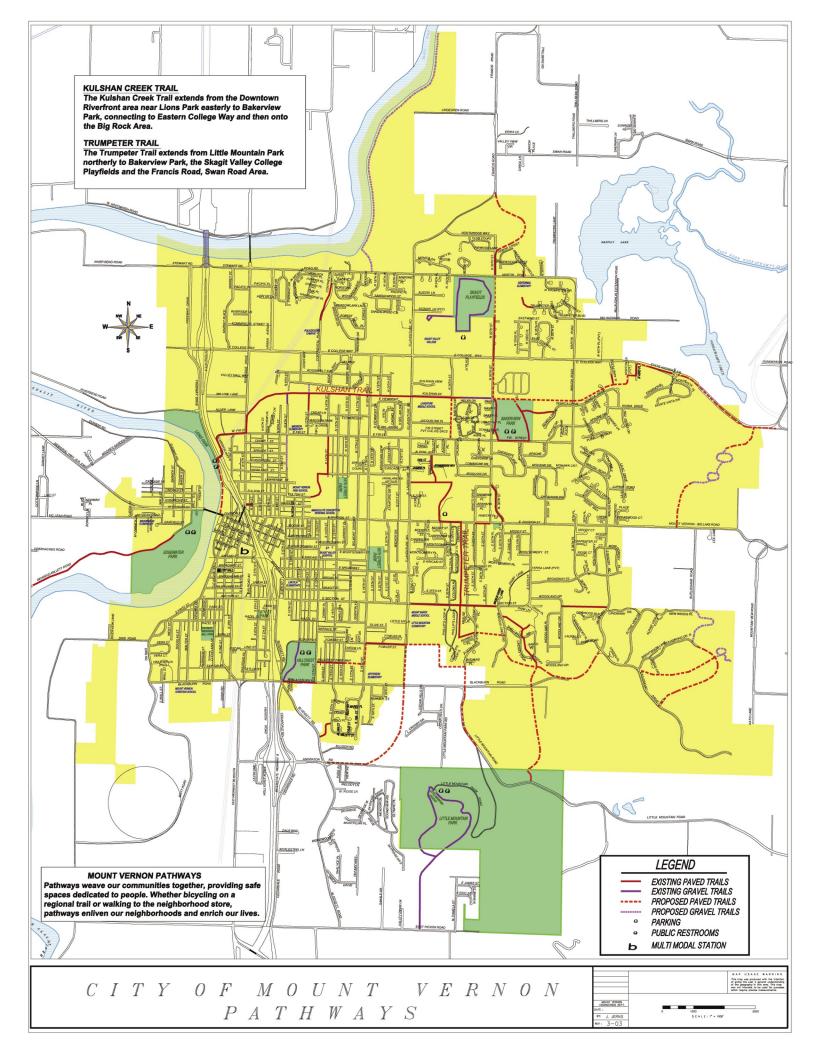
Partners in Action: Nutrition & Physical Activity in Washington
www.wapartnersinaction.org
This website describes the projects and activities related to the nutrition and physical activity objectives described in the *Washington State Nutrition & Physical Activity Plan: Policy & Environmental Approaches*. There is a direct link to the Moses Lake and Mount Vernon Healthy Communities Projects.

Washington State Nutrition & Physical Activity Plan: Policy and Environmental Approaches: June 2003
www.doh.wa.gov/cfh/nutritionPa/wa_nutrition_pa_plan.htm

GRANT COUNTY
INTERNATIONAL AIRPORT

Moses Lake
Washington

TERMINAL

BBCC

RANDOLPH

NATIONAL
GUARD ARMORY

To Ephrata

PATTON BLVD

ADAM EAST MUSEUM
Corner of Third and Ash

MOSES LAKE PARKS
1. Connelly Park
2. Cascade Park
3. Vista Community Playfields
4. Neppel Park
5. McCosh Park
6. Montlake Park
7. Peninsula Park
8. Larson Playfield
9. Moses Lake City Park

● TRAFFIC LIGHTS
---- PARK BOUNDARIES
A. MOSES LAKE VISITOR
   INFORMATION CENTER
B. MOSES LAKE
   PUBLIC LIBRARY
C. CITY HALL, POLICE DEPT.

BOAT LAUNCHES

PARKER HORN

MOTEL LANDING

BROADWAY
THIRD AVE.
FOURTH AVE.
FIFTH AVE.
DIVISION
BALSAM
ASH
BEECH
DOGWOOD

CITY HALL

HIGHWAY 17

BIRCH DR

PIXTON RD

FAIRGROUNDS

DRAPE DR.

CENTRAL DRIVE

STRATFORD RD.

3
VISTA VILLAGE

2

VALLEY RD.

CENTRAL DRIVE

LEWIS HORN

EAST BROADWAY

PARKER HORN

FIRE DEPT.
WHEELER RD.
A
B
4
C
TWIN CO DRIVE
SAMARITAN HOSPITAL
MEDICAL CLINIC

Mc COSH PARK
AQUA CENTER
AMPHITHEATER

5

MOSES
LAKE

HILL

NELSON   ROAD

SHARON

PIONEER MEDICAL CENTER

PENINSULA DR.

WEST BROADWAY

8

PELICAN HORN

LINDEN AVE.

6

CLOVER

YONEZAWA BLVD.

HIGHWAY 17

KITTLESON RD.

KITTLESON RD.

I-90 To Spokane

EXIT 179

POTATO HILL RD.

9

WEST SHORE

FROGGATTE DR.

I-90 To Seattle

EXIT 176

SAGE RD.

LAKE SHORE DR.

WEST HORN

7

PRINTERS
INC.

1030 W. Marina Drive
Moses Lake, WA 98837
509.765.0283

N

KULSHAN CREEK TRAIL
The Kulshan Creek Trail extends from the Downtown Riverfront area near Lions Park easterly to Bakerview Park, connecting to Eastern College Way and then onto the Big Rock Area.

TRUMPETER TRAIL
The Trumpeter Trail extends from Little Mountain Park northerly to Bakerview Park, the Skagit Valley College Playfields and the Francis Road, Swan Road Area.

MOUNT VERNON PATHWAYS
Pathways weave our communities together, providing safe spaces dedicated to people. Whether bicycling on a regional trail or walking to the neighborhood store, pathways enliven our neighborhoods and enrich our lives.

LEGEND
EXISTING PAVED TRAILS
EXISTING GRAVEL TRAILS
PROPOSED PAVED TRAILS
PROPOSED GRAVEL TRAILS
PARKING
PUBLIC RESTROOMS
MULTI MODAL STATION

CITY OF MOUNT VERNON PATHWAYS

Has this tool kit helped you make environmental and policy changes in your community that make it easier for people to be physically active and choose healthy food?

Your feedback is important to us. Please FAX your comments to us: **360-236-3708**

1. *Circle the content area that were most useful to you*

      Tool kit summary

      Lessons learned section of each chapter

      Sample meeting agendas

      Sample communication pieces (press release, event announcements, etc)

      Community inventory protocol

      Key informant interview guide

      Sample timeline

      Evaluation plan /sample evaluation tool

      Additional resources (example: An Eight Step Guide to Developing Effective Coalitions) Please list:

2. *Additions or changes to improve the tool kit:*

3. *Brief description of how you used the tool kit:*

4. *Other comments:*

Your name: Email: Agency/organization:

HEALTHY COMMUNITIES
TOOL
KIT

Washington State Department of
Health
Cardiovascular, Diabetes, Nutrition & Physical Activity Programs